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The Mineral Requirements of the Body

By Martha Koehne, Ph.D.

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By Harriet B. Cook

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Neglected Ages—Gerontology

" You are old, Father William," the young man said,
" And your hair has become very white;
And yet you incessantly stand on your head—
Do you think at your age it is right? "

THE study of old age and old age problems — that is gerontology! How old was Father William? What is age? A man is as old as his arteries, the doctors say. Dr. Dublin, speaking as a statistician, sets sixty-five as the limit to chronological middle age. In 1920 4½ per cent of the population in the United States was sixty-five years and over. If the present fertility and mortality continue we may look to a time when 9 per cent of our population will belong to the old age group. Quoting Dr. Dublin:

It is obvious that an increasing proportion of old people will affect very seriously the mental atmosphere in which we live. It will also influence the amount of relief necessary to care adequately for the aged thus producing new social and economic problems.

The problems of old age do not present startling variation from those of all ages. Of great importance we find diet.

Moderation is the keynote of dieting in old age. A paper on the subject presented before the annual graduate fortnight meetings of the New York Academy of Medicine which were devoted to old age problems, quotes Sir William Osler:

The famous George Cheyne, a man of enormous bulk, reduced himself by dieting from 448 lbs. to proper dimensions. One of his aphorisms says, " Every wise man after fifty-eight ought to begin to lessen at least the quantity of his aliment; and if he would continue free from great and dangerous distempers, and preserve his senses and faculties clear to the last, he ought every seven years to go on abating gradually and sensibly, and at last descend out of life as he ascended into it, even into a child's diet."

Put in other words, it reads, " after fifty years of age we eat too much."

In his seventy-eighth year, Dr. George S. Keith wrote in " Fads of an Old Physician ":

For breakfast I have a large cup of tea, with milk or cream; brown bread from two to three ounces; and usually one and a half ounces of fish, or half that quantity. Lunch is a cup of cocoa or chocolate, if the weather be cold; and if it is warm, a small tumbler of milk, about six ounces, with the same quantity of bread as at breakfast. At both meals I use butter, not a quarter of an ounce, and quite as much jelly as marmalade. At 4 p.m. a small cup of tea, and sometimes biscuit or cake. For dinner, at 7, which is my chief meal, I have soup, from peas, lentils, potatoes, celery, carrots, etc., the first two made with no meat stock, and the others with a little from lamb or a bone; or fish soup, the only animal soup I indulge in. If there is no fish, I may take once or twice a week an ounce or two, certainly not more, of lamb, game, rabbit or tripe; but often I have neither fish nor flesh. The dinner ends with stewed fruit with cream, or pudding or fruit tart. On this diet I enjoy the best of health.

The physiology of old age represents as compared with that of the healthy adult individual a slowing down of all the processes of life. Mental activity is less active, digestion is slower and hampered by a diminished secretion of gastric and other digestive juices, muscular activity is weakened and excretion is diminished. This picture cannot be measured in years. Some people grow old between the ages of fifty and sixty, others do not grow old until after they are eighty years of age.

A change is needful in the attitude of doctors toward the old people with whom they have to do and in that of the old people toward themselves. They are not to be thought of simply as bodies that have to be patched up

by the doctors when there is a disorder or distemper here or there, but as persons with the characteristic powers of old people who have "a significant contribution to make to the common welfare."

The problem of exercise holds a place of equal importance with diet. In youth exercise outbalances food, in old age food outbalances exercise. The handicap of excess weight is more and more evident. Statistics show an excess death rate among overweight people, and insurance records show a higher rate of mortality from such diseases as diabetes, heart disease and kidney trouble among that class of people.

In New York City and doubtless in other cities and in the country the provision of simple comforts or bare necessities of life for homeless or otherwise dependent old men and women is becoming a more serious problem each year. The report of the Central Information Bureau for the Care of the Aged, New York, shows:

There are 82 old folks homes in or near the city, exclusive of those caring only for the blind, deaf, or incurables. These homes have a total capacity of 13,300 beds of which 8,000 are in private old folks homes and 5,300 in the public homes such as that on Welfare Island. Of the total, 10,700 beds or 81 per cent are in free homes, 2,400 beds in homes requiring entrance fees and the rest —about one per cent—in homes requiring monthly payments. A long waiting list which it will take many homes two or three years to absorb is reported by all the homes. There is now only one waiting home—and that a small one—where an old person may be cared for. It is estimated that 6,000 are waiting for empty beds.

To quote Dr. George Vincent:

It would be academic to waste much time on the question whether the aged deserve so much attention from a social order which seems to use people up early and throw them aside. The sympathy which finds expression in this care for the helpless and dependent is wrought into the entire social fabric and is a vital source of its solidarity.

In modern society mere physical strength plays an ever dwindling rôle: mental qualities take the leading parts.

Sir Farquhar Buzzard speaking of the pains, penalties and prohibitions of old age, ends his paper, given at the New York Academy of Medicine meetings, on an optimistic note:

"If there is a principle to follow it is certainly the promotion of change, change in occupation, habit and diet. In fact the individual seeking to prolong his prime must not *order* his life too much. A judicious amount of disorder and of irregularity should be encouraged.

"Regular work, regular play and regular meals and regular hours of sleep may be the slogan of the health expert and may indeed be the guide to a prolongation of life. But we don't want to prolong life; we want to put off that evil hour when our mental horizon begins to narrow, our views become more rigid, our tolerance, sympathies, insight and interest less wide. Rather death than life spent under the tyranny of years!"

"You are old," said the youth, "as I mentioned before
And have grown most uncommonly fat,
Yet you turned a back somersault in at the door—
Pray, what is the reason for that?"

First Movie Child: "Poor old Jimmie. He's certainly showing his age!"

Second Ditto: "Yes, it won't be long now!"

Courtesy Saturday Evening Post

The Lighting System in the Public Schools Under Nursing Supervision*

By Harriet B. Cook

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WHEN we consider that at least 12 per cent of all school children are found to have vision defects, it seems quite time we begin to ask ourselves the cause. Routine medical inspection and eye testing with the Snellen Test Chart have done much to point out defects which are rapidly being corrected.

Much favorable comment has been made on the opportunities for health which the school children of this decade are given. A well-known doctor replied a few days ago when asked how he discovered that he needed glasses:

"I didn't discover it myself. I completed the grammar grades and finished high school without knowing it. It was only when I entered Medical School and my eyes were tested that I was found to have markedly defective vision. I was so accustomed to seeing imperfectly that I just could not, for a long time after having my vision corrected with glasses, cease to comment upon the fact that leaves on the trees stood out separately and were not one mass of green."

A teacher seemed especially appreciative of and interested in the eye testing in her classroom. When this was commented on she stated, "Well, I ought to be. When I was in the grades I lost one whole year of school because of constant severe headaches which no medicine seemed to help. At the end of this time, someone suggested I see an eye specialist. I was fitted with glasses and have not known what it is to have a real headache since. Had vision testing been done when I was a child, I would neither have lost the year of school nor had the strain of that suffering." These are only two of many who have voiced similar sentiments.

Prevention is being carried into all health fields and it seems quite timely that we should consider the part which lighting in our public schools is playing in preventing eye defects.

THE AMERICAN STANDARD

The Code of Lighting School Buildings originally issued in 1918 was prepared under the joint sponsorship of the Illuminating Engineering Society and the American Institute of Architects. This was republished with revision in June, 1924, and has been approved as an "American Standard," by the American Standards Committee. With this Code as a guide, many school authorities and state officials throughout the United States are planning their new school buildings. Windows and skylights are the direct means by which daylight is being admitted to the classrooms. Care is being taken that there is no glare or sharp shadows. This is accomplished by having a window surface at the left of the pupil's desk equivalent to 20 per cent or more of the floor space. The distance from the top of the windows to the sills is at least half of the width of the floor space. As the most effective light comes from the upper portion, the top of the windows is not much more than six inches from the ceiling and the sills not more than three to five feet above the floor. The amount of direct sunlight is controlled by translucent shades two of which are at each window with the rollers at the middle so one can be adjusted upward and the other downward and yet so wide and so close together that no crack of light appears at the edges or center of the window.

*Given at the annual meeting of the National Society for the Prevention of Blindness, New York City, November, 1928.

Much consideration is being given to the color of the walls. Light buff, light warm gray, dark cream and grayish green for walls with white or light cream ceilings are found most restful to the eyes. Glossy paints and varnishes are being avoided. Effort is made to have the blackboard with dull surface and so placed that pupils do not face a glare. All sharp contrasts in color are avoided.

Although these standards have been increasingly well incorporated in practically all the building plans for those schools erected since June, 1924, whether these schools have one or many rooms and are located in the North with its short days, or the sunny Southland, or in the smoky cities where soft coal is the rule or in the clean residential sections, yet there are outstanding examples of poor lighting even in these. The structurally approved building may continue with the original white surface on walls until such time as they are sufficiently soiled to demand a new coat of paint, when this strain upon already taxed eyes might have been avoided with the proper tint at little cost at the time of building. Seats are often arranged by janitors without noticing that those placed too near the rear allow light rays to fall upon the eyes from a left front rather than a rear left position. Yet how few of the schools consider the placing of the desks in a diagonal position. Occasionally seats have only to be turned in the opposite direction to have the light from the left.

Many times these same buildings have blackboards placed between the windows causing sharp light contrasts. Again adjustment is easily effected. Teachers thoughtlessly will stand where the children, giving her attention, have to face the light. Another prevalent inconsideration of lighting in reference to the little tots in the lower grades, is the placing of sand tables where children work interestedly for long periods of time facing the windows when the table might easily be changed to another position. Kindergarten chairs are arranged in circles, again presenting the same problem for a part of the group. Pictures frequently are hung where reflection of light may cause a glare. These may easily be changed or moved.

ADJUSTMENTS IN OLDER SCHOOLS

In many of our older rural and city schools, adjustments are not so easy. Windows are frequently small, far

Courtesy Edison Lamp Works
The Foot-Candle Meter

apart and on three sides of the building. Even the shades may be of a material and color that strike the fancy of some member of the board who has been given supervision of the school in his section of the township. The walls may be of a dark color and the desks finished with a glossy varnish. With initiative and tact even these handicaps have been overcome pending new buildings.

In one township the father of a little girl whose bad vision defect had been corrected with glasses, when faced with the situation, volunteered during the Christmas holidays to direct workmen who removed shutters and boarded up the windows on the right and front of the building and added those extra windows to the left of the building. A few women of the community, not to be outdone, made new shades so that two could be arranged on each window. After that it was simple to get dull buff walls and to refinish desks without glare.

The illumination may be affected from without as well as from within. In many sections of our country, one-

room school houses are seen lazily nestling among a forest of trees which when heavily foliaged make the class rooms very dark. To prevent this, trees may have to be sacrificed. They need be cut only fifty feet from the sides of the building containing the windows, provided the treetops are kept trimmed to a height of 25 feet. With an awareness of the need, this sacrifice is readily agreed upon.

In the more densely populated areas, it may be walls of adjoining buildings that obstruct. Many good but older schools have this problem to meet and have painted these walls with a light color, not white, but a shade the same as that in the room requiring the illumination, thus brightening the rooms materially.

ARTIFICIAL LIGHT

The smoke of our industrial cities where soft coal is used, the fogs of coast sections, the early darkness of the north, rainy and dull days present illumination problems, which necessitate the dependence upon artificial light for remedy. Here again the code has outlined the approved methods of lighting which cost very little extra at the time of building and which may be installed in many old buildings at an expense which is negligible in comparison to the cost to the children in eye strain. We are happy to note that it is only rarely that we see the direct light from bulbs arranged on individual desks or from too few lamps placed too low to afford a proper distribution of light without dark spots and shadows. The semi-indirect or indirect lighting with globes made of good diffusing glass placed low enough in such sections of the ceiling that all parts of the room may be adequately illuminated are replacing the former lights. Care, however, must be taken to see that bulbs and globes are kept clean and free from dust, and that the system insures continuity of service and steadiness of light.

INTERESTING THE PUPILS

What part do the pupils play in this? In one school, 23 out of 37 children were found to have visual defects. The nurse was appalled and began to question the cause. She found out much about the lighting that was not standard and wisely gave the teacher pamphlets on proper lighting to be used for discussion during the Hygiene period. The next time she talked to the group, she found them facing their own problem and suggesting changes that might at once be put into effect. One gifted boy made a model of their school showing how standard light requirements could be effected. This study of their own class room problem led to interest in their homes.

THE TEACHERS' INTEREST

The inexperienced but interested teacher will feel many of her problems are solved when she understands the part proper light will play. When she can see an uninterested child more interested and the one who appeared lazy more eager to accomplish, she will find even those of normal vision happier and less restless. She will be interested in having those pupils whose vision could not be perfectly corrected given seats nearer the board and will see that there are frequent periods when pupils may rest their eyes a few minutes from their close work.

Even the most experienced and earnest teachers in our best schools scientifically equipped with every facility for proper distribution and diffusion of light find they become so absorbed in their task of teaching that they do not always think to adjust this equipment as the sun changes its position. In some of the higher grades they have placed the responsibility upon monitors who are appointed weekly to aid them in maintaining the recommended standard which is 10 foot-candle. The foot-candle is a unit of measurement for the intensity of illumination and is easily measured by a simple device called the Foot-Candle Meter. This costs only $25.00, is easily operated, tests sufficiently accurately for class room purposes and adds much to the interest of the teachers and monitors in performing their task.

When I Am Old

By Esther De Jong

One of the stories submitted for the Prize Contest in 1927

"HELLO, Nurse! Have a case for you. Up along the shore road back of Brown's house. Don't know that you can do anything. Two old folks. The wife probably won't live long. Neighbors called me in last night. Give me a ring if you need me!"

Scant information, but Doctor Bell knew it was enough. His time was limited and valuable. He started his car, and with a brisk nod to Miss Merriweather, was quickly on his way.

Miss Merriweather looked after the doctor. A moment's indecision, a glance at a small white paper, and Miss Merriweather went to get the Health Center car.

Along that road there would be spring flowers nodding gaily in the morning sunshine. There would be birds singing and swaying in the trees, bubbling over with the joy of living and being. There would be grass so fresh and green, and fluffy white clouds playing tag across the blue sky, cozy farmhouses and the wide fields green with the beginnings of the crops. On the other side of the road, waves lapping on the bay shore, constantly beckoning, hinting of sailing ships and far away journeys across the blue-green waters.

As Miss Merriweather turned off the main road and drove up back of Brown's house, she brought an air of expectancy with her. The small side road twisted and turned, as if it wanted to make a game of finding someone back of Brown's house who needed help. The end of the road, and up on a little hill Miss Merriweather saw a tiny shack. She parked the car and with her familiar black bag slowly climbed the hill. She wondered how much of the freshness and newness of the spring she would find on the other side of the door. She knocked and waited, trying to imagine what the shuffling and scraping inside might mean. Suddenly there was a click of a latch drawn back and the gruff voice of an aged man said, "Come in!"

In the dimness of the room Miss Merriweather found it difficult to get her bearings. But gradually shadowy forms took shape. By the window a rocking chair, still in motion, showed that the old man had been sitting there when she knocked. A shaky table along the other side of the room gave evidence of the mealtimes of several days already passed. Against a partition stood a little old coal range on which was a rusty skillet and a smoky teakettle. One other chair, a straight backed wooden one, drawn up by the rocker, completed the furnishings.

"Doctor Bell asked me to stop and see you," said Miss Merriweather by way of introduction, as she quietly pulled up the shade and let in the spring sunshine.

"Yes—huh—Doctor, oh yes—yes—yes, goodmorning!" Slowly the old man remembered. He passed his hand across his eyes, for he was not accustomed to so much morning brightness. "Yes, nice of you to come." He was interrupted by a thin, quavering voice.

"Burch, Burch, who's out there?"

"Yes, I'm feelin' pretty sightly, not much to do with myself nowadays, used to get around pretty spry. But lately my eyes—"

"Who's there, Burch? Tell them to come in here."

At the second interruption Miss Merriweather looked at a doorway, which opened into the next room. Seeing that she had heard the question, Mr. Burch said, "My wife. Might as well go in and see her. She's gettin' old I guess. Doc seemed to think she was poorly last night—but I dunno, I dunno."

Miss Merriweather needed no other invitation to see Mrs. Burch. A little

of the sunshine from the front room straggled through the doorway, but it was not kindness to light up this shack too much. However, Miss Merriweather did raise the shade at the window of the bedroom. There was nothing there but a rickety double bed, a half-broken rocking chair piled high with musty quilts and clothing, an old washstand and a wooden chest.

The room was so small that there was barely enough space for anyone to walk about. As Miss Merriweather turned toward the bed, two eager eyes peered up at her from a tiny face, and the same shrill little voice said, "Burch, who is this? Burch, come in here! Tell me, who is this?"

A dragging of heavy feet, and Mr. Burch appeared at the doorway: "Nurse. Nurse, mother, Nurse."

"Who'd'y'say, Burch, who is she?"

Miss Merriweather drew back as the old man came nearer, and leaning down shouted again, "Nurse, mother, Nurse!"

"Oh, Nurse, yes. Glad y' come, but I'm better now. Burch, fix me some oats to eat this morning." Here she paused for breath. For the little body was frail, and the temporary excitement of seeing a stranger and a visitor was dying down.

Miss Merriweather asked Mr. Burch to put some wood in the range. In a short time the teakettle was singing merrily, a gown, clean though rumpled, was on a chair by the bed, and a fresh cotton blanket taken from the chest.

Half an hour later Miss Merriweather was saying goodbye, promising to come back again next day. As she walked down the hill, she heard, "Burch, Burch, come in here! Burch!" She smiled as she pictured the inside of the cabin, dimmed already, for as she looked back she saw that the window shades were being lowered again.

That day was just the beginning of many visits to the shack, and Miss Merriweather soon discovered that it was a starving body and soul that had put the old lady in bed. Mr. Burch had instructions to see that his wife was fed, and her increasing strength proved that he was obeying orders. He learned slowly, but in a day or two a teakettle of hot water was waiting on the stove when Miss Merriweather arrived.

One fine day there was great rejoicing, for Mrs. Burch was to sit up in

Burch and Mrs. Burch

the rocking chair while her bed was being made. Just a few minutes she sat there, but each day the minutes grew longer. She would even allow Miss Merriweather to comb her wisp of soft white hair, pin it up again and tie on the blue bandana which seemed to be an unforgettable part of the ceremony.

As time went on and she grew stronger, Miss Merriweather would sometimes find her dressed and sitting in the straight chair, while Burch, absorbed in a week-old newspaper, enjoyed the rocker.

So the spring days followed one another. Hepaticas bloomed in the woods, mayflowers nodded their dainty heads and violets came out of secret places. The sun warmed the waters in the bay, and every once in a while Miss Merriweather gazed wistfully at a full-blown sail, drifting lazily across the waters. In a moment she would for-

get, for up ahead was the shack with its quaint surprises; "a bouquet of vilets for you," Mr. Burch proudly boasted, "and I paid the boy ten cents fer to pick them fer you, too," or a spirited song of years ago and Mrs. Burch interrupting, "Burch, whatcha singin'? Burch, shut up! She don't want to hear that."

Week after week went by and Miss Merriweather's rejuvenation of the Burches was of interest to the whole neighborhood. Delicious dainties found their way from prosperous kitchens to the Health Center to be carried to the Burches. Golden cup custards, steaming hot vegetable soup, even fried chicken; all these and more made meal time a festive affair at the tiny shanty. A few understanding women stopped to visit, and found Mrs. Burch quiet but friendly, and Mr. Burch shouldering the responsibility of being host. Miss Merriweather sometimes took two little girls with her, and in return for the pleasure they found in the flowers and trees, they sang for the Burches, and even danced a little when their bashfulness wore away.

"If I had Aladdin's lamp for even a day,
I'd make a wish and here's what I'd say,
'Nothing could be finer than to be in
Caroliner
In the morn - - - - ing.'"

Anyone peeping in the window and hearing that song would wonder what fairy entertainers were at work. For there would be Mrs. Burch, her eyes atwinkle, her hands clapping in time to the singing, while Mr. Burch rocked and chewed and chuckled, "Well now, ain't they just great? Well now!"

Sure enough inside were two little girls, one curly headed and blue-eyed, the other brown-eyed and saucy, singing and dancing for the aged couple. A glance at the right moment might reveal Miss Merriweather being a girl too, and jigging.

Salient points of family history came to light. Miss Merriweather learned that Mrs. Burch was 82 and Burch 72, that five years back they had leased that plot of ground and built the shack, never dreaming that they would be alive to see the five years go by and have to plan again. There was one son still living, working on the railroad. He sent them five dollars now and then, or paid their grocery bill, but never came to see them.

Miss Merriweather took Mr. Burch into the city one day for an eye examination, and it was pathetic to see that he was searching the trains and stations, hoping to get a glimpse of his son. He did meet an old crony on the train, and what a treat that was for him!

There came a time when Miss Merriweather had to tell the Burches that in a few days she was coming to say goodbye to them. She made it a party day, this day of farewell. The sunshine helped, for it was summer time and a warm breeze sent delicious thrills through the trees. Helen and Millie came to say goodbye, with singing and dancing. Together they coaxed Mrs. Burch to sit outdoors in the warm sun. Then Miss Merriweather persuaded Mr. Burch to stand by the chair, while she took their picture. That is how she liked to remember them, on their party day, Mrs. Burch sitting happily in the sunshine and Mr. Burch standing proudly at her side.

Sometimes among her treasured possessions, Miss Merriweather finds an old, old cup, and, as in a magic crystal, she sees a road turning off back of Brown's, at the end of the road a little shack—and the Burches. Mrs. Burch tiny, frail, persistent: "Burch, Burch come here. Who is she, Burch? Come tell me." And Mr. Burch, gruff but appreciative, as he hands her this cup, saying, "An old fashioned cup for an old fashioned girl!" The cup seems to her to be a symbol of future times, when public health nurses will find a way to bring more springtime into the days of those who have traveled far.

The Mineral Requirements of the Body

By Martha Koehne, Ph.D.

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This is the fourth in a series of articles on special diets. The three previous articles appeared as follows: November, 1928, p. 566; December, 1928, p. 633; January, 1929, p. 20.

ONE of the most interesting of the present day developments in the field of biological science has been the ever increasing recognition of the importance of what Professor Mendel has so aptly called the "little things in nutrition." In this connection there has probably been much more widespread attention paid to the rôle of vitamins in life processes than to the part that copper, iron, iodine, calcium, phosphorus, and other minerals play in the production and maintenance of sound healthy bodies.

Nurses, whether engaged in private duty work or in any of the many phases of public health nursing, have unparalleled opportunities to educate those with whom they come in professional contact to the importance of putting into practice in their everyday lives those measures that modern science has demonstrated over and over again will prevent certain illnesses and keep the body in the best possible condition. Deficiencies in the diet are known to produce specific ill effects on health, as well as frequently rendering the body more susceptible to bacterial infection. The correction of defects in the diet is fundamental in the treatment of such conditions and in their prevention.

It is practically impossible for nurses to attempt to read the original scientific reports of investigations made in the many nutrition research laboratories in this country and abroad. They should endeavor, however, to keep up with the practical applications of such studies as will be of direct help in keeping well themselves and will permit them to coöperate most intelligently with physicians, dietitians, and social service workers in the feeding of patients and in their instruction.

In a series of papers an effort will be made to present to the public health nurses of the country the rôle of minerals in human nutrition. The present paper will deal exclusively with the problems connected with calcium and phosphorus.

CALCIUM AND PHOSPHORUS

It is generally recognized that about 2 per cent of the total weight of an adult person consists of calcium, while 1 per cent is phosphorus. In other words a healthy man weighing 150 pounds has in his body about 3 pounds of calcium and 1.5 pounds of phosphorus. Ninety-nine per cent of this calcium and 90 per cent of the phosphorus are found in the bones and teeth, the remainder in the blood and other soft tissues of the body.

Although these amounts are very small, variations from normal are associated with most decided physiological changes. An appreciation of the importance of these two minerals to health can probably best be gained through a brief survey of some of the afflictions of the human race that are associated with variations from normal.

RICKETS

Rickets is a common disease of infants and young children. In rickets the bones fail to calcify, sometimes due to inadequate supply of calcium or phosphorus or both in the diet, but frequently due to their imperfect assimilation from the digestive tract and their incomplete utilization by bone-forming cells. In active rickets the blood phosphorus is usually too low, while the blood calcium is normal. In other cases the reverse is true. When rachitic children have a low blood calcium, their condition is complicated with tetany convulsions. Chil-

dren with rickets usually excrete in the urine and feces as much or more of one or the other or both of these minerals as they take in from their daily supply of food. During growth all children should be actively storing these minerals in their bones. The bones of rachitic children are soft, resulting in the skeletal deformities so characteristic of this disease. On careful diagnosis it can be demonstrated that in regions outside the tropics rickets in some degree at least is present in practically all normally or rapidly growing infants even if breast fed. It is seldom found in those that are not growing as they should.

OTHER BONE DISEASES

Scurvy is a disease caused by lack of vitamin C in the diet. It may afflict a person of any age. One of the characteristics of this disease is a gradual decalcification of the bones and teeth, regardless of how much calcium and phosphorus are in the food. The bones and teeth become soft and the teeth loosen from their bony sockets.

Occasionally there is found in certain people a disease known as osteomalacia (bone softness). Sometimes it is caused by overfunctioning of the parathyroid glands in which case the blood calcium is high. Sometimes it is of luetic origin, often the cause cannot be determined. The bones lose much of their mineral matter regardless of how much bone forming material may be given in the diet. Usually the blood phosphorus is low.

In central Europe during the latter part of the World War and in the days immediately following its close, many cases of so-called osteoporosis (porous bone) were reported among the civilian population and in prison camps. Its cause was reported to be the hopelessly inadequate amounts of calcium and phosphorus in the diets of the people. Their food was likewise deficient in many other respects. The brittle bones that resulted may be formed whenever and wherever such dietary conditions prevail. Women who are nursing babies on such unbalanced diets are peculiarly susceptible.

There is considerable difference of opinion concerning the relation of dental caries to diet. This is a far too prevalent condition in children and young adults. It is generally believed, among students of nutrition, that if a child is well nourished in the prenatal period and after birth during all the time that either the temporary or permanent teeth are forming, if any tendency to rickets can be immediately corrected, if he can be kept reasonably free from serious illnesses, if he is trained to prefer a well balanced diet and to chew his food well and to eat regularly some food that requires chewing, his teeth will be well enamelled and well spaced in his jaw. If he keeps his teeth clean and continues his well established dietary habits in adult life, dental caries can probably be postponed indefinitely.

NEED OF CALCIUM AND PHOSPHORUS

The body is of course dependent upon its food supply for its minerals, although some calcium may be obtained from hard drinking waters. Since calcium and phosphorus are so necessary for building up our skeletal structure, it stands to reason that a proportionately greater amount per unit of body weight will be needed during the growth period than in adult life. The more rapid the rate of growth of an animal, the greater is its proportionate requirement for such building stones. A child that is growing very rapidly requires more calcium and phosphorus than one that is growing more slowly. Babies during the first year of life probably store more of these minerals per pound of their body weight than at any subsequent period, for their rate of growth is then most rapid.

Pregnancy and lactation represent another period of life during which there is an increased need for calcium and phosphorus, particularly the former. During the last two months of pregnancy and all the time a mother is nursing her baby she should receive an extra supply in her food. The fetus and the nursing baby are greatly increasing her bodily losses of these

minerals. If her food contains inadequate amounts, her reserve stores in bones and teeth will be needlessly drawn upon for the amount the baby requires, with detriment to her own health and the soundness of her teeth. That this has long been recognized is evidenced by the well known adage "Every baby means the loss of a tooth."

SOURCES OF CALCIUM AND PHOSPHORUS

The values of the different foods as sources of calcium and phosphorus vary considerably. For example a child would have to eat 500 helpings of white rice or 100 slices of whole wheat bread to secure the desirable amount of calcium in a day that he can get in 3.5 glasses of milk. If an adult takes each day ⅓ to ½ a quart of milk in some form (sweet milk, buttermilk, skim milk, cheese, cocoa, milk soups, and milk used in various ways in cooking and baking) together with average amounts of meat, egg, and cereal food, and if he uses vegetables and fruit liberally, the diet will contain adequate amounts of calcium and phosphorus and all other constituents necessary for normal well being. Children and nursing mothers should have equally well balanced diets including 1 quart of milk daily in some form.

EFFICIENT USE OF CALCIUM

In addition to the above normal conditions that affect the amount of calcium and phosphorus required by an individual, there are a variety of factors that materially lower the efficiency with which the body utilizes the calcium and phosphorus in the food. Diarrhoea of course interferes with the utilization of food. The circumstances referred to are less obvious than this however. If the body is not making good use of minerals present in food, the mere supplying of the amounts designated by Sherman[1] will not produce the desired results.

Sherman and Hawley[2] in a series of experiments on children demonstrated that calcium and phosphorus in milk were much more efficiently utilized for building bone than if eaten in equivalent amounts in the form of vegetables. Apparently when the calcium and phosphorus in an article of food is incorporated with considerable cellulose, the inability to digest the cellulose present seems to be associated with a lowered ability to dissolve out the minerals present. Sherman and Hawley believe firmly in giving children, as well as adults, liberal amounts of vegetables but merely warn against depending upon them for appreciable amounts of calcium, especially in the diets of children. They urge that children receive one quart of milk each day for its calcium and phosphorus, but use vegetables for supplying other nutritional needs not furnished adequately by milk,—such as iron, bulk, supplementary vitamins, etc.

Excessive amounts of fat in the diet of babies may cause losses of calcium through the formation of unduly large amounts of insoluble calcium soap curds that are excreted in the stools. Average amounts of fat in the diet of people of all ages is a definite aid however in keeping the digestive tract in good condition, and hence aids in the assimilation of the various constituents of the food.

The better balanced a diet is in respect to all the dietary requirements, the more efficiently will all its constituents be assimilated and utilized. If a diet lacks one or more of the recognized vitamins, or contains too little protein, or other necessary substances, it is very doubtful if the body under ordinary living conditions will make the most efficient use of the minerals supplied, even though present in the food in adequate amounts. Attention has already been called to the fact that lack of vitamin C in the diet produces a decalcification of bones and teeth as one of the characteristics of the resultant scurvy, irrespective of the amount of bone-forming elements in the diet.

IN RELATION TO CURE OF RICKETS

Salts of calcium and phosphorus are usually less soluble in a liquid that

is decidedly alkaline than in one less alkaline or slightly acid. Losses of these minerals in the stools have been materially lessened[3] in rachitic children by measures taken to lower the alkalinity of the contents of the small intestine. This can be accomplished by the liberal use in the diet,—often mixed with boiled cow's milk,—of fruit juices that contain acids that can be burned up when metabolized later on,—orange or lemon or grape-fruit juice. Some physicians have added dilute hydrochloric acid to boiled milk with beneficial effect on digestion and assimilation. This acid is a normal constituent of gastric juice. It has also been demonstrated[4] that one of the specific effects of giving cod liver oil or sun baths or irradiating with ultra-violet light,—the use of which treatments will be described in the following paragraphs,—is the lowering of the alkalinity of the intestinal contents. The more soluble the salts of calcium and phosphorus are, the less likely are they to be excreted in the stools and the more likely are they to be absorbed into the blood stream.

Cod liver oil has been used for many years as a cure for rickets. We now say that the reason it is so effective in preventing or curing this disease is that it contains fat soluble vitamin D. When an experimental animal[7] with rickets or a rachitic child is given regular doses of a potent cod liver oil, the blood calcium and phosphorus become normal in a short time, excessive losses of minerals in the urine and stools cease and calcification of bone begins. If continued long enough and if begun soon enough all signs of rickets will disappear. Of course if the food the child is securing is unsuitable, he should be put on a satisfactory diet. Egg yolk and fresh green plant tissue contain distinct but much smaller amounts of vitamin D than does cod liver oil.

The prevention or cure of rickets can be accomplished in other ways however. Exposure of a rachitic child to direct rays of the sun or to ultra-violet light will accomplish the same desired result.[5] It is the short wave length light rays that are effective. These rays are filtered out of sunlight by the smoke that pervades the air over many cities, or by ordinary window glass, or by many kinds of clothing, particularly if dark in color and non-porous. Quartz glass permits of their passage but its cost is prohibitive.[10]

USE OF SPECIAL WINDOW GLASS

Efforts are at present being made to manufacture a type of window glass or glass substitute that will not filter out the healing rays. According to an investigation made by the American Medical Association last year[8] The Corning Glass Company of New York is manufacturing a special window glass that permits the passage of the short wave length light rays, but, like quartz, it is very expensive. The Vitaglass Corporation of New York City is also putting out a satisfactory special window glass. Various substitutes for window glass have been suggested made either from a celluloid-like material or from white porous cotton cloth saturated with a thin film of paraffin. These substitute window coverings are still in the experimental stage. Until they can be perfected or until special window glass can be made cheap enough, "it is obvious"—to quote from Sheard[9] —"that direct exposure of the body would be the most efficacious procedure and that the next best would be protecting the skin during exposure with very thin porous material, since the more holes there are and the larger they are, the greater will be the exposure to radiation."

Care must be taken in irradiation of the body to avoid burning the skin. Exposures must be gradual in duration and in amount of skin irradiated. The skin must be tanned and not burned. It takes time to accustom an individual to such treatment. White clothing, cotton or wool, if thin and somewhat porous will not filter out the healing rays and often helps to prevent burning and permits exposure in cool weather. Dark or black clothing even if porous will absorb the effective rays and render the exposure valueless.[11]

IRRADIATED FOODS

Recently through the work of Hart and Steenbock and their colleagues at the University of Wisconsin it has been demonstrated that certain foods that have no effect in curing or preventing rickets can be made antirachitic by exposure to direct sunlight or to ultra-violet light without noticeable effect on taste. For an excellent discussion of this work, readers are referred to chapter 10 of the recently published book "Hunger Fighters" by de Kruif.[9] To protect the public against the flood of supposedly irradiated products bound to follow the popularization of this information, Steenbock patented the process. Methods of irradiating foods are now controlled entirely by the Wisconsin Alumni Research Foundation, from which organization information can be secured on the effectiveness of such available commercial products.

ERGOSTEROL

Last of all in the developments in this field has been the discovery of a substance called ergosterol which, on irradiation, is so powerfully antirachitic that 0.002 milligrams per day will cure a rat of rickets. To quote Hess[12]: "This infinitesimal amount is by far the smallest quantity of any vitamin or specific nutritional factor that has been shown to possess curative properties."

Commercial Cholesterol, which is a fat-like substance present in all the cells of the body, is another substance that can be rendered antirachitic by irradiation. Ten milligrams of irradiated cholesterol must be given to a rat daily to cure rickets however. It is therefore only 1/500 as potent as is irradiated ergosterol.[12] One per cent of irradiated cholesterol added to a good grade of cod liver oil will make it three times as potent in preventing and curing rickets as it was without this addition. It is thought that the reason some children show signs of rickets even though taking cod liver oil is because they cannot tolerate sufficient amounts of it to provide the necessary vitamin D for full protection. The above method provides a means by which its concentration of vitamin D can be increased. Cod liver oil itself does not stand irradiation successfully. Probably the reason commercial cholesterol can be made antirachitic on irradiation is due to the traces of ergosterol it contains.

Five milligrams of irradiated ergosterol are equivalent in antirachitic potency to 1 quart of good grade cod liver oil.[12] Yeast contains distinct amounts of ergosterol, therefore it can be rendered very highly antirachitic by irradiation and may prove in the future to be a dependable source of protection against rickets, tetany, and some of the other conditions associated with faulty assimilation and utilization of calcium and phosphorus. Probably it is the traces of ergosterol associated with the cholesterol in our skin that permit exposure to ultra-violet light to have the effect on utilization of calcium and phosphorus that it is known to have. Ergosterol is regarded as the mother substance of vitamin D. All that is necessary to produce this vitamin is to expose ergosterol to ultra-violet light. Excessive doses of irradiated ergosterol have been found to be toxic. It should be used only under careful control of a skilled physician.[13]

PRACTICAL APPLICATIONS FOR THE NURSE

What are the practical applications of all of this research work?

First of all see that the diets of children and of adults, — especially pregnant and nursing mothers,— contain the requisite amounts of milk, average amounts of fat, and are well balanced in other respects. If a child or an adult does not like milk and is not getting the desired amount, every effort should be made to overcome the dislike by taking it in some form regularly.

Give babies a good grade pure cod liver oil,—bottled sunshine,—in amounts equalling 2 teaspoons daily by the age of six or eight months, beginning soon after birth with a few drops two or three times a day. Give this oil even if the baby is breast fed.

Continue giving it until the child is at least three years old and later on if the child is ever in a run down condition. During periods when the child is receiving regular sun baths cod liver oil need not be taken. If the child is given sun baths see that it either has no clothing on a large portion of its body or that its body is covered only with a thin layer of white cotton or wool porous material.

Mothers who are nursing their babies should take sun baths with the baby. If possible for them to take irradiated food or cod liver oil (provided they can take it without nausea), so much the better, especially if sunshine is not available or if it is too cold to stand the necessary exposure.

Beginning at about one month of age babies and children should regularly receive orange juice or some other suitable source of vitamin C, as a protection against scurvy.

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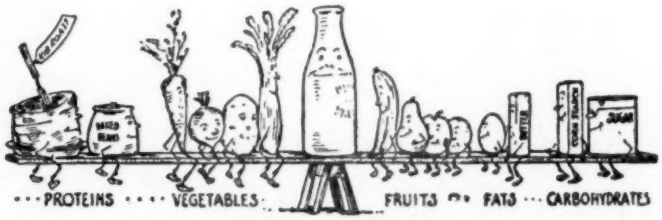


The BALANCED DIET

Courtesy Baltimore Health News

Orthopedic Work in a Visiting Nurse Association

Prepared by Members of the Orthopedic Staff

Edited by Harmina Stokes, R.N.

Visiting Nurse Association, Brooklyn, N. Y.

THE Christmas season was approaching and the usual flood of toys, clothing, red stockings and other tangible signs of good will were arriving, sent by the special friends of the crippled children under the care of the Visiting Nurse Association. Early one bitterly cold Sunday morning before the holiday, a man and woman stopped their car in front of the main office of the Association to inquire where they could find a "hospital" for crippled children. All that year, they said, they had spent odd evenings making scrap books and dreaming that they were going to give some crippled children the happiness that they had been deprived of giving children of their own. The scrap books were strikingly beautiful. So much so, that the supervisor on duty glanced covetously at them, causing their owner to look a little apprehensive and tuck her treasures more firmly under her arm. She could not believe that the crippled child at home could be the wistful object of sympathy that "Smiling Jimmy," tied to a fracture board, in a hospital bed could be. And so with the addresses of two hospitals for cripples and her books still with her she departed, leaving the supervisor to her own reflections. How few people realize that the hospital experience of a crippled child is only one experience, and by no means the most trying in a cycle of a long drawn out career of physical limitation! What happens to the child before and after he is seen in his romantic and appropriate hospital setting?

The orthopedic staff of the Brooklyn Visiting Nurse Association knows the life cycle of many crippled children in Brooklyn. While a large percentage of the work is with the after care of poliomyelitis patients, there are also cases of birth palsy, fracture, scoliosis, and faulty posture. Whatever the condition, the nurse persistently follows and treats the patient as long as the need exists. She knows the child over a period of years, in the hospital, the convalescent home, in the natural environment of his own home and in his school. Often it is the nurse's part to help remake the home conditions as well as to teach the child to readjust himself, handicapped as he is, to his physical limitations.

DEVELOPMENT OF THE SERVICE

The development of the orthopedic service has been influenced by the conditions which arose out of the great epidemic of poliomyelitis and the spectacular but none the less persistent pressure of gradually increasing yearly work. As far back as 1912 the orthopedic work of the Association was started and four years later the never-to-be forgotten epidemic of poliomyelitis added 3,607 new patients to the list. This necessitated a larger staff. As each year the list of children no longer under treatment increased, it became necessary to try a new venture—to teach mothers to give the treatments at home. The results have been good both in the effect upon the children and upon the parents. It gave the mothers more self-confidence and courage and taught them to be keener observers of the health of their children.

The orthopedic staff consists of a specialized supervisor, six nurses, two physio-therapists and one masseuse. Nurses from the general staff of the Association, when expressing an interest in orthopedic nursing and showing adaptability are given special training in the Long Island College Hospital Medical School. This has been made possible by the grant of four scholarships from the Rotary Club to finance this special training.

The general nurses as a whole are not expected to familiarize themselves with the subject of orthopedics except through attendance upon occasional lectures on the subject at Staff Meetings. As the orthopedic service is a specialty and requires such intensive training the nurses on that staff do not serve on the general staff following their training except in the rare emergency of an epidemic. The general training which the nurse undergoes before she enters the field of orthopedics fits her to recognize and cope with most of the problems of health arising in the families of the crippled children. Other illness requiring bedside care is turned over to the general nurse.

The cost per visit in the orthopedic service is one dollar and twenty-three cents at the present time, but varies year by year. The various factors entering into the computation of the cost necessitate a higher rate than for the general service. Since 1921 the work has been decentralized to the various substations of the Association.

COMBINING EDUCATION AND TREATMENT

By 1921 many of the victims of the last epidemic of poliomyelitis had reached school age and there arose the problem of how to combine their treatment with their education. The Board of Education was approached and gave the most whole-hearted support to a plan of treating the children during school hours. In Brooklyn schools where there were special classes for cripples, treatment rooms were set aside for the visiting nurse to give treatments to the children. The following description of the work in P. S. 219 is typical of the plan of coöperation between the schools and the Association at that time:

> "In Public School 219 we have a beautiful treatment room, where 14 children receive treatment twice a week. Each child has his or her own treatment robe and individual brown papers to cover the table. The principals and teachers have been most coöperative. The teachers made the robes while the principals have supplied cupboards with shelves in two schools, so in this way everything is kept separate. It is a pleasure to see how eager each child is to use only his or her own things.
>
> "The majority of the children have shown unusual interest . . . we feel quite sure that exercises are being done at home . . . Two mothers have come to see the treatments demonstrated; and one child who has a marked scoliosis has had her father erect a 'chinning bar' at home, which she uses every day."

Since the classes were started the number of schools where there were groups of crippled children has been reduced to five and the number of treatments a week increased to three.

What becomes of the child with poliomyelitis before he is able to be placed in a special class at school? The visiting nurse gives him his treatments at home and a special teacher from the Board of Education carries on his instruction in his home until he is physically able to bear the strain of school life. When that time comes the child must be transported to and from his school. This, too, is the work of the Board of Education.

MEDICAL SUPERVISION

The question of medical supervision is always paramount and without it the child cannot be treated by the visiting nurse. The majority of the crippled children under the care of the Visiting Nurse Association are under the supervision of the orthopedic clinic of the Long Island College Hospital. The crippled child is transported to the clinic if necessary by the bus from the Committee on Cripples of the Brooklyn Bureau of Charities. A physiotherapist of the orthopedic staff of the Visiting Nurse Association is in attendance at the clinic daily and besides giving some of the treatments in the clinic, acts as a connecting link between the clinic and the other visiting nurses who will visit and treat the children in the homes or in the schools. She supplies the nurses with all the data and physician's instructions necessary to the giving of intelligent treatment to the individual child.

POSTURE WORK

A very important and interesting phase of the orthopedic service worked

out by the physio-therapist in collaboration with a Brooklyn physician is the posture work among preschool and school children. Three classes are well under way and are showing unique results. The children correct their posture through play, games and "stunts" that appeal to the imagination and are within the experience of every small child. Needless to say the idea is popular with the children and the older ones are beginning to learn to recognize good posture. Many are the pretenses of round shoulders and protruding abdomens used by the children to gain admittance to a class! Charts with different colored stars are kept. According to the correctness and maintenance of his posture depends the color of the star that is affixed to the name of each child at the close of the season.

A HOPEFUL FUTURE

Within the last few years there have been noticeably hopeful trends in the whole problem of the care and training of the crippled child. The tender pity that amounted almost to coddling and that marked the crippled child as an individual to be considered out of the struggle of life is passing. No longer can the normal child in a poverty stricken home say as did Johnny when Santa remembered only the crippled sister, "It's bad to be poor but it's worse not to be crippled." The children are beginning to develop an intuitive power that makes them realize that the nurse is trying to help them to help themselves. Frequently, when parents have refused operations the children, noting the improvement in their classmates who have undergone surgical treatment have asked the nurse to plead with the parents for consent. It is this confidence together with the stimulation of the new outlook that makes that special field of work so vital to the orthopedic nurse.

INTERNATIONAL COUNCIL OF NURSES

The old and new in a Canadian town

Convention rates to the Congress at Montreal at fare and one-half will be authorized on the Identification Certificate Plan bearing final return limit July 20th. Tickets may also be sold on the basis of fare and three-fifths with final return limit of thirty days, in addition to date of sale, on Identification Certificate Plan. Consult local ticket agents. All nurses should reach Montreal by evening of July 7th.

Caroline Garnsey, Executive Secretary of the New York State Nurses' Association, 370 Seventh Ave., New York, is National Chairman. The following regional representatives have been appointed and all local transportation arrangements will be made through them.

North Eastern (New England and New Jersey, Maryland, Delaware, Pennsylvania, New York, District of Columbia)—Miss Marietta B. Squire, 105 South Grove St., East Orange, N. J.
South Atlantic (Florida, Georgia, North Carolina, South Carolina, Virginia, West Virginia)—Miss Martha V. Baylor, Roanoke Hospital, Roanoke, Virginia.
West Coast (Washington, Oregon, Idaho, Nevada, California)—Miss Anna C. Jammé, 609 Sutter St., San Francisco, Cal.
Mountain States (Montana, Wyoming, Utah, Arizona, Colorado, New Mexico)—Miss May Kennedy, 6400 Irving Park Blvd., Chicago, Ill.
South Central (Missouri, Kansas, Oklahoma, Texas)—Miss A. Louise Dietrich, 1001 East Nevada St., El Paso, Texas.
North Central (Minnesota, Ohio, Iowa, Nebraska, Illinois, Wisconsin, North Dakota, South Dakota, Indiana, Michigan)—Miss Loretta Mulherin, St. Joseph's Hospital, Denver, Col.
Gulf (Tennessee, Arkansas, Louisiana, Mississippi, Alabama, Kentucky)—Mrs. B. S. Cawthone, Bureau of Public Health Nursing, Memphis, Tenn.
Hawaii—Mrs. J. T. Wayson, 2828 Kahawai St., Honolulu.
Porto Rico—Mrs. Erudina A. Crespo, Box 362, San Juan.

For information relative to trips abroad following the Convention or special trips, write the National Chairman.

The Division of Child Welfare as Part of the Health Program of Canada

By Madelein G. Revell

Third in the series of articles on Canadian public health nursing activities in connection with the meeting of the International Council of Nurses in Montreal, July 8–13, 1929.

THE Division of Child Welfare, in Canada, comes under the direction of the Department of Pensions and Health, which is presided over by a Minister of the Crown. The Act, which created the Department, provides that the duties and powers of the Minister

> shall extend to and include all matters and questions relating to the promotion or preservation of health, of the people of Canada, . . . particularly co-operation with the provincial, territorial, and other health authorities, with a view to the co-ordination of the efforts, proposed or made for preserving and improving the public health, the conservation of child life, and the promotion of child welfare.

Section 6 of the Act provides for a Dominion Council of Health. This Council is composed of the Deputy Minister of Health, as chairman, and the chief executive officer of the Provincial Department or Board of Health of each province and five other persons appointed by the Governor in Council. These five—of whom two are women, one urban and the other from the rural districts—represent the farmer, the workingman and scientific hygiene education.

At the first meeting of this Council, in 1920, more than half of the time was devoted to child welfare. Up to this time no publications on this subject existed in Canada. To supply this lack, *The Canadian Mother's Book* was written in August of that year, and was immediately sponsored by the Press. Letters came to the Division of Child Welfare by thousands, the newspaper notices often cut out and pinned or sewed to a corner of the letter, so that there should be no mistake about what the mothers wanted. Over 500,000 copies have since been published, in both French and English, and "the Little Blue Book" as the mothers often called it, has given this name to the series of which it was the first.

The Division of Child Welfare devoted, early in 1920, both time and thought to framing a Plan of Work and General Policy for their own guidance and for reference, outlining for child and maternal welfare the following points,—

> To help in the home.
> To find a true home for every homeless child.
> To save and preserve maternal and child life.
> To promote and secure maternal and child welfare.
> To maintain and improve the health, strength and well-being of mothers and children.
> To make known to all Canadians the principles of maternal and child welfare and the supreme importance of home life, to the individual, and to the nation, so that national interest in these matters may be aroused, and the best modern methods for securing the welfare of the home and the nation may be understood and carried out.

One of the first steps which the Division took in carrying out this policy was an inquiry on the subject of maternal mortality. In this inquiry the Division was actively assisted by the medical profession, and by the Provincial authorities in health and vital statistics. The report, presented on Dominion Day, 1926, so aroused the general public that maternal mortality has since become a leading problem of preventive medicine and public health with the general public demanding action to reduce it.

As one means of meeting this demand, the Division has published another "Little Blue Book," entitled *Mother*. In this the need of prenatal

care is urged, the responsibility all women should feel towards expectant mothers is presented, and the need of their help to conserve, in this way, these valuable lives for the nation. Thousands of copies have been sent, by request, into all quarters of the Dominion. It has even been asked for by a member of the North West Mounted Police, and carried by him to a remote pioneer homestead on the MacKenzie River.

Other Departments Concerned

In writing of child welfare it is difficult to confine the subject within the limits of one department of government, for many are concerned in the welfare of the child.

Under the Immigration Department is the work done for the young immigrants. From the time they leave their native shores, until they are established in their allotted place in Canada, and for months afterwards, they are under this or some other department of the Government.

The work for Indian children comes under the guidance of the Superintendent-General of Indian Affairs. That the Indian population is increasing speaks well for the manner in which it is done.

The Eskimo children are in charge of the North West Territories and Yukon Branch. This work, owing to the fact that the people are scattered over such a wide area and living in such a primitive manner, presents unusual difficulties. It is done chiefly through providing assistance to mission schools and furnishing medical and hospital accommodation.

The Home Branch and Soldiers' Settlement Board is doing work for child welfare. The milk supply has been improved by the Department of Agriculture.

Besides these governmental activities there is a vast amount of child welfare work done by voluntary societies. Of these the peculiarly Canadian "Women's Institutes," which receive financial aid from the Dominion Government, may be used as an illustration. Their motto "For Home and Country" is well chosen. Beginning thirty years ago, as an association of farm women, they now have many urban members—the city and rural districts are thus drawn more closely together—to the benefit of the country at large. Their

Outpost Hospital—Dog sled visiting

manifold activities cover a wide range. Among those for children may be noticed medical inspection, baby clinics, child health conferences, agitation for more and better milk (often supplying it in the schools), the development of hospital work (as the help given to the Solarium for Crippled Children at Malahat Beach, Vancouver Island), sponsoring prenatal work, providing layettes, improving health conditions in rural schools, providing school lunches, and helping in the support of public health nurses.

The Catholic Women's League is performing notable service of the same nature, throughout the Dominion, co-operating with other agencies in child welfare work, as well as carrying on activities essentially their own.

The Canadian Red Cross and the Junior Red Cross have devoted much attention to child and maternal welfare. The Red Cross Seaport Nurseries welcome and care for women and children from overseas on arrival at Quebec, Halifax and St. John. These nurseries were established in 1921 and over 13,000 families, with more than 100,000 children have been received in them.

The Canadian National Council of Child Welfare represents about forty

groups interested in the welfare of the child.

It is, primarily, designed to be a clearing house of information for its various units, and to afford, annually or more frequently, either by a conference or other means, an exchange of general information on child welfare work in Canada, and to coöperate in the many ways in which a voluntary group may, with the Child Welfare Division of the Federal Department of Health.

Valuable work is also being done by the men's societies. The Kiwanis Club is, at the moment, sponsoring a survey on child welfare, which is being made by the Canadian Council on Child Welfare in New Brunswick. The Shriners have embarked on a hospital scheme for children, an instance of their work being their Hospital for Crippled Children in Montreal.

Public Health Nursing

Provincial autonomy was upheld in one of the clauses which created the Dominion Department of Health, each province continuing to have its own Health Department. The care of dependent, neglected and delinquent children was continued by the Department of the Attorney General, and medical inspection and the work of school nurses by the Department of Education.

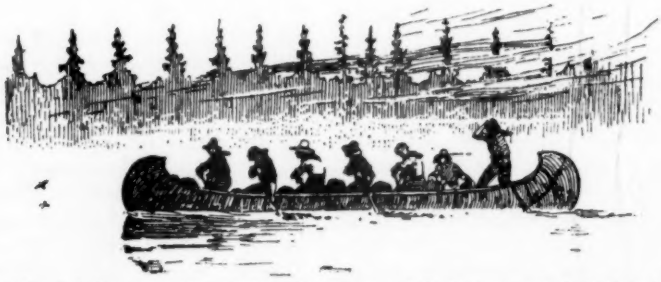
Under the Chief Provincial Officer of Health, a Bureau of Child and Maternal Hygiene and Public Health Nursing has been established for some years past in a number of provinces. Each of the other provinces has a staff of public health nurses directed either by the secretary of the Provincial Board of Health or by a superintendent of public health nursing. In Prince Edward Island, however, public health nursing is in the care of the Canadian Red Cross, while in the Province of Quebec the problem of the promotion of child and maternal welfare has been for the most part solved by religious institutions.

In Alberta there are also district nurses, who, qualified by special obstetrical training, are sent into isolated parts of the province where there are no doctors, often reaching their charges on snow shoes or by dog sled. They are under the direction of the Provincial Department of Health.

The same service is being performed by the Public Service Nurses in Manitoba financed by the Canadian Red Cross, but under provincial supervision.

The local school boards of lower Canada undertake medical inspection in the schools, and in the large cities the City Department of Health follows a program of general child welfare.

As has been shown in the article which appeared in the February number, the Victorian Order of Nurses throughout the Dominion are rendering excellent service to the cause of child and maternal welfare.



This illustration and the one on page 133 are by courtesy of the Department of the Interior, Canada

Social Hygiene in 1928

The Annual Meeting of the American Social Hygiene Association was held January 19, in New York City. Announcements of considerable interest to public health nurses were made.

The Association has issued a new pamphlet and report form outlining standard care for venereal disease patients. It is hoped the use of the standardized report form will become general.

The following resolution was passed:

Whereas, congenital syphilis is one of the most frequent causes of foetal and neo-natal death, and of the gravest mental and physical disaster among those who survive; and

Whereas, there are medical procedures which, when properly applied to the pregnant syphilitic woman will almost certainly prevent congenital syphilis in the child;

Be it therefore Resolved: That the American Social Hygiene Association advocates the adoption of vigorous measures for the prevention of congenital syphilis and especially directs its officers: to promote the spread of information to the public regarding the great advantages of medical supervision early in pregnancy; to secure the cooperation of nursing, public health and social groups with the medical profession in insuring the adequate treatment of every pregnant syphilitic woman thereby preventing congenital syphilis; and, in particular, to encourage those in charge of prenatal clinics to devote attention to the discovery and treatment of syphilis among all women who are in attendance.

Considerable discussion was offered upon the relationship of police and health officials to the problems of prostitution and venereal disease. A draft of what might be suggested as a reply to this question giving briefly the functions of both departments may be obtained from headquarters.

The honor guest at the luncheon meeting, Colonel L. W. Harrison, Technical Adviser on Venereal Disease Problems to the Ministry of Health of Great Britain, gave an exceedingly interesting talk on the methods used in Great Britain for the control of venereal disease, and the results of these methods and their experimental modifications since the war. The British Social Hygiene Council works in closest coöperation with the Ministry of Health—Colonel Harrison acting as liaison officer—and is the only voluntary organization to receive a grant from the Ministry of Health for propaganda. A point brought out was the opportunity being sought through child welfare centers and maternity departments for treatment of latent syphilis, discovered in these centers. The patients who dislike to go to the established venereal disease clinics are treated *where found* by the medical officer belonging to the venereal disease clinic. No compulsion to attend clinics is used.

Hostels have been established for the help of the group of girls who have been turned out of employment. It has been recognized that through discouragement, these girls are likely to drift into the prostitute class and so spread disease. Funds are supplied from the Ministry of Health. The hostels are managed by voluntary organizations, and have, with a remarkable degree of success, been made homelike and educative. The girls are kept in the hostels until they are medically fit, and until work has been found for them. They are encouraged, also very successfully, to keep in touch with their advisers in the hostels.

Mr. Newell W. Edson of the staff of the Association said in part:

One of the striking educational movements in the United States is the rise of the National Congress of Parents and Teachers.

The National Congress of Parents and Teachers, with an enrollment of 1,250,000, is an organization attempting to link home and school for the welfare of the child. An analysis of membership shows an irregular geographical distribution, ranging in size from California 150,000 to Nevada 50. Except for a few paid helpers in the national office, all service is volunteer. It is amazing that so large a volunteer group hold together at all, but the secret lies in the conviction that home and school can and must coöperate to give the child the training he needs to take a place in the complex society of today.

It has a national magazine, 45 monthly state bulletins, 3–5 council bulletins—alert vehicles for information of all kinds: news, propaganda, education, inspiration.

Here then in this National Congress of Parents and Teachers is great educational potentiality, recognized by educators, with machinery that functions, minded to educate children to parenthood, sensing keenly the problems of boy-girl relations as affecting parents and teachers and children and eagerly demanding help, quick to grasp the broader field of sex education and its integral relation to child's general education, and proving a potential support in developing any social hygiene program in a community. It is fitting therefore that the American Social Hygiene Association has 1,214 collaborating members in Parent Teacher Associations. It is fitting that our resources and energy should be turned to effective coöperation with 1,250,000 people who through interest in child welfare are determining the character of the next generation. Here I believe are for us all a great educational challenge and a greater opportunity!

"EARLY DISCOVERY—EARLY RECOVERY"

Plans are complete for a repetition of last year's early diagnosis campaign by organizations affiliated with the National Tuberculosis Association. This concerted effort will be made in the month of April, using as a slogan, "Early Discovery—Early Recovery." Preparations include the use of posters, circulars, window displays, talks, motion pictures and newspaper publicity.

Public health nurses will be interested in the new emphasis which will mark this year's campaign, focussing attention on the tracheo-bronchial or "juvenile" type of tuberculosis—that condition which is not a disease in itself but a danger signal forecasting later pulmonary tuberculosis.

Following last year's campaign, a decided increase in clinic attendance was noted throughout the country. Of 176 definite opinions expressed by as many physicians on the results of last year's effort, only two were distinctly unfavorable. Of the film, "Let the Doctor Decide," 214 copies were in circulation among theater audiences and special groups of people.

This year, auxiliary aid will come through the participation of individuals and groups in widely diversified fields. Full page advertisements of the Metropolitan Life Insurance Company in April magazines will be devoted to early diagnosis. A half-million circulars, written in a popular tone, will be distributed by the John Hancock Life Insurance Company. *Hygeia* is to publish an article in its April issue on the subject of "Childhood Tuberculosis," and the *Journal of the American Medical Association* expects to use a paper by Dr. Gerald B. Webb.

But attention is not to be withdrawn from the necessity for early diagnosis in the adult. Posters and printed matter will recite these danger signs: "Too easily tired; loss of weight; indigestion; cough that hangs on," followed by the injunction, "Let Your Doctor Decide." Few persons realize that it is possible to discover those cases among children in which the soil is fertile, the seed already planted, and time alone is needed for the disease to germinate. Knowledge of this needs to be widely disseminated before measures of prevention can be applied successfully to children in this category.

Open Air School Rooms

When the new Washington School of Ellensburg was built in 1925, the health program was given as much consideration as the regular school program. In addition to pleasant quarters for the nurse's office, an open air room was planned on the same floor, located on the south side of the building. This room is equipped with adjustable windows, the Austral or awning type, which may be completely opened, and is so located that sunlight is available all day. It will accommodate 22 pupils. The desks are the Moultrap model and may be placed to suit the needs of the pupils. Eskimo robes and blankets complete the usual school room equipment.

Pupils for this room are chosen by the nurse from a group of underweight children ranging from 7 per cent to 26 per cent underweight, those who are below par physically, or who are recovering from recent illness. Both physicians and parents ask to have children placed, and no child is entered without the parents' consent.

Many home calls were made previous to opening this room in an effort to explain its benefits to the parents. This type of classroom was new to them and it was only natural not to want their children to be the first to try the experiment. We now have a large waiting list and have succeeded in demonstrating that an open air room is a worth while addition to any community. A request has been made to the Board of Education to provide more space to carry on the work.

Since this room includes pupils from almost all grades, and of varying dispositions and temperaments, it requires a teacher with special training and ability. We were fortunate in getting one who was well fitted for the position and much of the popularity of this room is due to her untiring efforts and tactfulness in handling the situation. In addition to the class work she plans all the menus and takes care of sterilization of blankets, robes, etc.

Pupils are furnished with Eskimo robes, cots, blankets and weighing robes. Each child's number is placed on each article of his equipment so there can be no exchange between pupils. They are given a mid-morning and mid-afternoon lunch and a hot lunch at noon. A small sum is charged for this service to those who are able to pay; those unable to do so are taken care of through a special fund. A cook is hired to prepare the hot lunches for both the open air room and the pupils from the regular class rooms who wish to have a hot lunch.

All pupils in this room are enrolled in a nutrition class.

Once each week the pupils are weighed and a record of weight and gain made. All clothing is removed and a light robe is used. Once a week also a thorough physical inspection is given by the nurse and temperature and pulse taken.

Daily temperatures are taken in cases where a check is necessary.

Careful watch is kept over the children's physical condition, home calls are made if they are absent on account of illness and interviews held with parents whenever it seems advisable.

No child is admitted to this room who has any infectious or contagious trouble.

When pupils have come up to normal weight and their physical condition has improved sufficiently, they are sent back to the regular class rooms and a check is kept to see that they remain in good health.

It would be impossible actually to measure the results of the work in this room. Some of the more concrete things might be summed up in this way:

One boy who previously missed more than two-thirds of his school year, has missed less than three weeks this year.

Another boy who had a poor attendance record did not miss a day during a half year's attendance in this room but upon return to a regular class room immediately lost weight and missed one to two days weekly.

Others who were very susceptible to colds, have practically overcome this tendency. Nervous conditions have been greatly benefited.

In all cases the children have gained weight and carried on their school work successfully. Several came up to normal weight and others have made a gain of four to six pounds over a period of 13 weeks. There is also a marked difference in their personal appearance, and they are much brighter, happier and more alert.

Several children showing physical defects which needed correction were taken care of and in a few weeks showed marked improvement in their physical condition as well as in their school work.

These little Eskimo robed children have been real crusaders. Through their loyalty, and the coöperation of everyone concerned, this room has passed the experimental stage and achieved a real place in the school program.

The program carried out in this room:

9:00– 9:10—Morning health inspection.
9:10–10:00—Lessons.
10:00–10:10—Mid-morning lunch, milk and wafers.
10:10–10:30—Lessons.
10:30–10:40—Recreation.
10:40–11:45—Lessons.
11:45–12:00—Cots placed in position for rest period and preparation made for lunch.
12:00–12:30—Lunch served and eaten, consisting of one hot dish, fruit or fresh vegetables and sandwiches.
12:30– 1:45—Rest period.
1:45– 2:00—Blankets and cots folded and placed in compartments which correspond in number to article used; room ready for work.
2:00– 2:10—Children wash and prepare for work.
2:10– 2:30—Lessons.
2:30– 2:40—Recreation.
2:40– 2:50—Mid-afternoon lunch, consisting of fruit juice or malted milk.
2:50– 3:30—Lessons.
3:30—Dismissal for those not needing extra help on lessons.
3:30– 4:00—Supervised study.

An itemized statement of cost and donors:

22 desk chairs (furnished by district)	$330.00
22 cots (furnished by district and made by manual training at high school)	89.00
22 grey wool blankets (furnished by Red Cross)	133.00
22 grey wool Eskimo robes (furnished by district and made by high school home economics department)	100.00
22 muslin weighing robes (furnished through health fund and made by home economics class)	4.40
22 pairs of felt boots (furnished by district)	66.00
1 card index file—1,000 cards	5.00
1 compartment for blankets	10.00
1 compartment for weighing robes (last three items furnished by district)	5.00
	$752.40

Cost of maintenance for school year

Cost of cleaning robes	$25.00
Cost of cleaning blankets	15.00
Fumigation	6.00
Soap, towels, etc.	10.00
Laundry of weighing robes	6.00
Total cost of maintenance	$62.00

The above does not include the salary of the teacher or cook, which is extra.

HARRIET HAW,
School Nurse, Ellensburg, Washington.

STIMULATING PARENTAL INTEREST

In the establishing of Open Air Schools in Detroit, an effort has been made to promote a health program that could be practically carried out in the homes. The benefits obtained by the child during school hours are too often counteracted, to a serious degree, by lack of home coöperation. This situation usually arises from unintelligence rather than intentional wrong treatment.

One of the most important features is the intensive work done by the nurse in her contact with the parents in the home. Misunderstandings and prejudices are overcome in this way, resulting frequently in the parents visiting the nurse at school, to seek her advice.

Carrying the idea further a plan was presented for supplementing the nurses' instruction in the homes by bringing the mothers together for group discussion. This idea materialized in 1922 and the first mothers' meeting was held at the Franklin Open Air School.

Talks were given by teachers and the nurse stressing the connection between poor academic work and poor health. Following the talks discussion was invited and several mothers presented problems concerning their children. At the close of the meeting, through the courtesy of the Board of Education, a social spirit was added by the serving of light refreshments.

Our procedure is to send out invitations, written by the children to their mothers, a few days previous to the date set for the meeting. On the arrival of the guests, the older children act as guides and general assistants. The visitors are introduced to each other and shown about the building. After inspection of the school the visitors are assembled in one of the classrooms where a program is given and a cordial welcome extended by the principal puts everyone at ease.

Frequently, special speakers of recognized authority add to the constructiveness of the program. Tuberculosis, dental hygiene and general health habits were discussed last year. Songs and health plays by the children are sandwiched in between health talks and these, too, are attractive features.

Invariably, those who have attended the meeting leave with a new enthusiasm and a feeling that the effort has been worth while. It has been our aim at these meetings to create an atmosphere similar to that of any social gathering of people who have similar interests. The parents of the children attending open air schools, regardless of inequality in social status, surely have a sympathetic, common interest.

BERTHA M. HOUSTAN
Head Nurse, Open Air Schools,
Detroit Department of Health

SCHOOL HOURS

The accompanying table was prepared by the Research Division of the National Education Association, from which source may be obtained others covering the opening and closing hours for different grades in the public schools in the 54 cities over 100,000 in population and also the opening and closing dates of the school year.

TOTAL AMOUNT OF TIME SPENT IN SCHOOL EXCLUDING LUNCH PERIOD
(In 54 cities over 100,000 in population)

Hours Spent in School Excluding Lunch Period	Primary Grades 1–3	Elementary 4–6 or 4–8	Junior High School	High School
Under 4 hours, 15 minutes	1	..	..	..
4 hours, 15 minutes–4 hours, 29 minutes	3	..	..	..
4 hours, 30 minutes–4 hours, 44 minutes	2	2	..	2
4 hours, 45 minutes–4 hours, 59 minutes	4	1	..	4
5 hours–5 hours, 14 minutes	21	24	4	6
5 hours, 15 minutes–5 hours, 29 minutes	4	10	5	6
5 hours, 30 minutes–5 hours, 44 minutes	7	12	6	8
5 hours, 45 minutes–5 hours, 59 minutes	1	1	1	7
6 hours–6 hours, 14 minutes	2	3	15	7
6 hours, 15 minutes–6 hours, 29 minutes	..	..	1	2
6 hours, 30 minutes, and over	..	..	2	2
Varied length of time	9	1	1	6
Double sessions	..	..	..	4
Blanks	..	..	19	..
Total	54	54	54	54

Read table thus: One city school system reported that in its primary grades 1–3, the amount of time spent in school, excluding lunch period, was under 4 hours, 15 minutes. Three cities reported that the total amount of time, excluding lunch period, spent in school for primary grades 1–3 was from 4 hours, 15 minutes, to 4 hours, 29 minutes. Similarly, read table for other grades and hours spent in school.

Ultra-Violet Light and the Public

Abstracts from current literature on this debated subject

SUN rays have been used in the treatment of disease for long ages, but during the last thirty years precise observations have been made of their action in disease. The proof is complete that they exert a curative effect in cases of surgical tuberculosis, rickets, and in some cases of nerve disease, anaemia, and skin disease. Atmospheric conditions alter the action of sunshine to some extent. Thus the presence of water vapor acts in much the same way as a fire screen, which lets us see the fire, but cuts out the heat.

All skin contains a substance called ergosterol; when this is acted on by ultra-violet rays it is changed chemically, and the changed substance acts as a preventive of, and cure for, rickets. Regarding general benefit, however, all we know for certain is that sunshine exerts a curative action in *certain diseases,* and that this is not due to the action on the diseased part directly, but to an action on the skin, and only indirectly on the disease. When ultra-violet rays are employed in treatment, wave lengths are used, some of which are foreign to sunshine. Sunshine contains some of the longer ultra-violet rays, but the shorter and physiologically more active are lacking.

Ultra-violet rays are generated by special plants designed for the purpose. These substitutes for the sun are the mercury arc in quartz and the carbon arc burning carbons with mixtures of rare earths. The radiations from these sources produce good effects in certain diseases.

This beach party was planned by the family physician

The carbon arc, the iron arc, the tungsten arc, and the mercury vapor lamp all radiate an appreciable amount of chemically active light. But the carbon arc is the only source which produces a continuous spectrum like sunshine and irradiates all kinds of light from infra-red to ultra-violet.

The skin acts as a partial screen to the different wave lengths of light. Luminous rays can pass through several centimeters of the body, but ultra-violet rays penetrate much less, and all but the very longest are absorbed by the epidermis. The infra-red waves also have little power of penetration. Within this area of the spectrum penetration varies with the wave length, being greatest with the red waves of light and least with the short ultra-violet rays. Ultra-violet light, there-

fore, cannot have a direct action on deeper tissues.

EFFECT OF THE RAYS

Sunlight, ultra-violet rays, and infra-red rays all cause the skin to turn red first, and if the dose is repeated or prolonged, to become pigmented later. If the skin of a man is exposed to a powerful carbon arc the irritant effect, as shown by redness, can be largely screened off by ordinary glass; light passes through glass, but ultra-violet rays are held back. Pigmentation from lamps is more superficial and transient than that produced by sunshine; it is a natural protection against the treatment, and we do not yet know whether its production is an advantage or a disadvantage to the patient.

Apart from its action on the skin, ultra-violet radiation gives a feeling of well-being and vigor. Many other effects on metabolism have been ascribed to ultra-violet rays; most of these are not specific, and can be obtained just as well with, say, a mustard plaster.

The skins of patients differ in their reactions towards light as well as to certain skin poisons like the mustard gas of chemical warfare; some skins react excessively to a trifling dose, and others are uninfluenced by large doses.

DANGEROUS REACTIONS

It is sometimes thought that ultra-violet radiations are beneficial for almost any condition and that they can do no harm. Much of the literature in the advertisements on lamps leaves the impression that they are a panacea for all disease. In reality very many patients are not benefited by this treatment, and some may suffer injury. A common effect of slight overdosing is sleeplessness, restlessness, lassitude, loss of weight, and nausea. Resistance to bacterial infection is said to be lowered by treating too large a surface. The most obvious ill effects are in the nature of burns; the skin becomes hot, red, swollen, and inflamed. In the sensitive these may extend beyond the region exposed. After more intensive radiation purulent exudation may occur. Repeated applications have resulted in chronic lesions, a pre-cancerous form of dermatitis. It should be understood that there is no difference between a sunburn, an ultra-violet burn, and a scald. The skin effects are often associated with severe pains in the eyes and headaches, sometimes lasting for weeks.

The eye is readily affected by strong radiations from arc lamps, molten glass, or light reflected from snow or ice; inflammation of the conjunctiva and cornea result, and the lens, and even the retina, may be affected.

CONTRAINDICATIONS

Physicians are generally agreed that radiation by ultra-violet light is contra-indicated in highly nervous and neurotic people; they suffer what is called a grave "psychic reaction," and the treatment does harm. Great caution is necessary in all forms of pulmonary consumption and in other quiescent inflammatory conditions, such as appendicitis. In old people with rigid arteries, in all forms of kidney disease, and in some forms of heart disease the patient is made worse. Eczemas and some other diseases are often aggravated by the treatment.

Most of the leading authorities on radiology have pointed out the dangers which may follow the improper use of ultra-violet lamps. Many of the lamps emit rays to which man has never before been exposed. The evidence of the harm they may do is overwhelming. Few of us would dare to have a prescription containing poisons dispensed by an untrained person, but the dispensers of rays are uncontrolled, unregistered, and may be unqualified.

POINTS TO REMEMBER IN USING ULTRA-VIOLET RAYS:

Consult a physician before buying or using an ultra-violet ray lamp.

Investigate the properties of well-known lamps before purchasing.

Buy from a reliable dealer.

In giving or taking treatments follow the physician's advice to the letter—do not rely on your own judgment.

Time the treatments very carefully and do not leave the room during them.

Make sure that the eyes of both patient

and operator are protected by colored or smoked glasses.

Keep a record of progress.

The numerous cheap lamps, for example, consisting of tungsten filaments in glass bulbs, like overgrown electric lamps of ordinary type, are fortunately unable to emit more than the smallest and safest traces of the ultra-violet rays. For one thing, the hot tungsten filament does not generate the ultra-violet rays except infinitesimally. For another, the glass bulbs will not allow these rays to get out. What the lamps do emit is heat and, however beneficial or useless this heat may be for the kind of cure attempted, it will not burn anybody without his knowing it; something which real ultra-violet lamps delight to do, as does the sun himself if you expose your winter-paled skin too long the first summer's day that you visit the beach.

There is ample justification for the medical opinion, officially expressed by a committee of the American Medical Association, that no ultra-violet appliance should be used by anybody until a competent physician has been consulted.

WHAT OF WINDOW GLASS?

On top of all this, the benefits of windows to admit the rays apply chiefly to people who have time to sit always directly inside them, in the full rays of the entering sun. Dr. Janet H. Clark of Johns Hopkins University made tests not long ago in which a chemical indicator of ultra-violet ray intensity was exposed inside an ordinary room in places where school pupils or office stenographers might reasonably be expected to have their desks. To admit all rays conceivably available, the windows were taken out altogether. The results showed that rays received by a person working *all day* in such an average room would be exceeded in quantity by *two minutes* of outdoor sunlight at noon. Instead of depending on any kind of ray-transparent window, a better plan would be to spend a few minutes in the outdoor sun.

Worst of all obstacles against ultra-violet rays for city dwellers is the smoke—a virtually impenetrable pall to these rays and one which robs the street levels of such cities as New York and Chicago, measurements show, of more than three-fourths of the rays which otherwise they would receive.

The two cities most severely hit by the influenza epidemic were Pittsburgh and Birmingham. In spite of recently reported improvement of smoke conditions in both of those cities one cannot but suspect that the coincidence of maximum influenza with the country's two centers of iron-making may be more than an accident. It is a disgrace to American public spirit that in only one spot in the United States are there kept regular daily records of the ultra-violet rays. That spot is Tucson, Arizona, and even there the records are due to the private enterprise of a sanatorium; not to any public agency. No municipality so far as we know keeps daily records of the dust particles in the air. Perhaps these elements of environment have nothing to do with influenza's distribution, but the recent figures make one suspicious. Certainly, no one will know until there are regular records of such things, like records now kept of air temperature or rain.

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Editorial—New York *Herald Tribune.*

Mental Hygiene News

AT a recent meeting of the Federation of Visiting Nurse Associations of Northern New Jersey, Miss Katharine Tucker outlined briefly what must be taken into consideration before a mental hygiene program is adopted by a public health nursing organization.

A study of the resources of the community should be made. This should include psychiatrists and psychiatric clinics, child guidance clinics, specially prepared social workers, and mental hospital facilities. The responsibility a public health agency can assume in a community mental hygiene program should be clearly understood. It would seem that the public health nurse should certainly be able to give advice along the lines of mental health corresponding to what she now gives in physical health. She should be able to recognize early symptoms and know what action to take to provide proper examination and care. She ought to know the kind of histories that would be helpful to a specialist in examining such a case. All knowledge that makes for mental health brings with it an understanding of human nature which influences all the nurse's work with families.

Such a program must not be entered into lightly. Certain questions must first be answered.

What additional time will a mental hygiene program involve?
Will it be necessary to increase the staff?
How are the staff nurses to be prepared for this new program?
A mental hygiene supervisor seems essential—In the case of small staffs in nearby communities, would joint supervision be effective?

These are questions which must be studied and answered by a board and executive director before any steps are taken to start a mental hygiene program.

Mental Hygiene in Public Health Nursing Courses

Our program includes thirty hours of mental hygiene lectures, with Dr. Henry Schumacher of the Cleveland Child Guidance in addition to observation in their clinics and opportunities for field work, including case studies under his supervision. Lectures and field work in mental hygiene of the adult are given by Dr. George Reeve and his assistant Miss Heston. With added facilities both in the community and at the University the students now have opportunity for specialization in this field.—*Western Reserve University, Cleveland, Ohio.*

For students taking the one-year program in general public health nursing we offer a good course in Clinical Psychiatry which includes lectures, discussions and demonstrations of actual cases.

Field work for public health nurses in mental hygiene alone is almost impossible to secure. However, the Community Health Association has three mental health workers who are engaged in developing a program for meeting the mental health needs of the patients with whom the nurses come in contact. Since all students have field work with the Community Health Association, they meet these workers and attend office conferences where they hear discussions both of the principles of mental hygiene and of cases involving these principles. Whenever their own cases present mental health problems students have the added opportunity of working directly with these specialists. Because of the plan of work of the Community Health Association we feel that our students have an unusual opportunity to see how both mental hygiene and nutrition can be incorporated into a public health program.—*Simmons College School of Public Health Nursing, Boston, Mass.*

A course in Social and Mental Problems of Public Health Nursing is taken up in the first semester and the nurses are given some case work with problem children.—*University of California, Department of Hygiene, Berkeley, Calif.*

We require that each of our students have a sound course in psychology and later we hope to have a clinic and then can give practical experience.—*Portland School of Social Work, University of Oregon, Portland, Ore.*

The field work in mental hygiene for the students of the public health nursing course at Teachers College, New York City, is now in process of reorganization. We will print an outline in a later number.

Mental Hygiene in Public Health and Social Work

On January 29 about 1,000 health and social workers crowded into the Chamber of Commerce Hall in Boston to join in a conference on "Mental Hygiene in Public Health and Social Work."

The afternoon session, over which Dr. C. Macfie Campbell, President of the Massachusetts Society for Mental Hygiene, presided, included talks on Mental Hygiene in the School Hygiene Program, in Social Case Work, in Community Nursing, and in Nutrition Work.

Dr. James S. Plant, Director of the Juvenile Clinic, Newark, New Jersey, emphasized the fact that throughout life the individual is always under some kind of authority, whether the family, the school, the church, industry or less defined forces. The school, which assumes charge of the child when he first leaves the authority of the home and enters society, is one of the most important influences in the child's whole life.

Effective methods have long since been worked out for the teaching of knowledge, the one function of the school which we all recognize; but the school has also other important tools for moulding the emotional, as well as the intellectual, development of the child. It is to be hoped that this power which the school possesses may be used more and more intelligently in the future and that a regular "curriculum for emotional development" will be adopted when we come to recognize the fact that people live by what they feel rather than by what they know.

Mrs. Eva Whiting White, Director of the Simmons School of Social Work, traced the changes in the attitude of the social case worker from early days of poor relief to the broad conception of the present day when all phases of the life of the human being must be understood and dealt with. Both Mrs. White and Mr. Burritt, Director of the New York A.I.C.P., who spoke in the evening, emphasized the indispensable aid which mental hygiene gives to the social worker in the understanding of the individual and the family.

Miss Marie L. Donohoe, Mental Health Supervisor of the Boston Community Health Association, described how the staff nurses have enlarged their health service through knowledge of mental needs, as well as physical. The special education given to the staff in regard to their own mental health has done much to solve personal problems, release hidden abilities and bring more intelligent understanding and constructive effort to their work.

Dr. C.-E. A. Winslow, speaking on "The Significance of Mental Hygiene to Public Health," emphasized the importance in every human relationship of a fundamental understanding of the facts of mental hygiene in order to function effectively. Without a plan of procedure or technique which is built upon knowledge of human emotions and reason, it is small wonder that so many efforts, individually or internationally, come to naught but conflict or impasse.

Our understanding of mental health or ill health is at present far behind our

knowledge of physical conditions. We shall come to the point where we ourselves turn as readily to the psychiatrists for help in our mental twists as we now turn to the medical practitioner when we note physical symptoms of disorder.

—Katharine E. Peirce, Assistant Director, Nursing Service, John Hancock Mutual Life Insurance Company.

A mental hygiene supervisor, Katharine Brownell, a graduate of the Smith College School of Social Work, has been appointed to the staff of the Visiting Nurse Association of Scranton, Pennsylvania. The plan of the Association is to put on a demonstration for a period of two years, hoping that later a community wide program can be developed. The work is being financed by a separate fund aside from the general budget.

The present set-up in the community is as follows:

A mental clinic held one day a month by the state.
A clinic at Moses Taylor Hospital held once a month.
A psychologist in the schools.
A neurologist in the County Institute which is near by,
Many interested citizens.

The National Committee for Mental Hygiene recognizes the educational challenge to the mental hygiene movement of the million and a quarter membership of the National Congress of Parents and Teachers. Dr. George K. Pratt has recently been appointed as chairman of the Mental Hygiene Committee of the Congress of Parent-Teacher Associations. This committee will include psychiatrists, psychologists, psychiatric social workers, and educators who have had experience in adult education. As a beginning a brief mental hygiene reading course has been compiled and Packets "A" (for beginners) and "B" (for more advanced groups) of pamphlet literature may be ordered from the National Committee for Mental Hygiene, 370 Seventh Avenue, New York City.

The Society for Mental Hygiene recently organized in the State of Washington has planned its program mainly with the idea of preventing the development of mental abnormalities, through correct training and habit formation in early childhood.

Northern New Jersey is attacking the problems of mental hygiene through the development of mental clinics with Greystone Park Hospital, which serves a group of seven thickly populated counties, as a base. Similar clinics have already been organized at other cities in New Jersey, and at the community center in Newton. A psychiatrist has been appointed to devote full time to the work. The plan calls for the establishment in each center of prenatal and preschool clinics, a school clinic, and clinics in general hospitals to meet the needs of patients and the community.

Germany has established consultation centers for psychopathic children in connection with all the children's bureaus of large cities. These centers are in charge of psychiatrists, aided by trained workers. They coöperate with the public schools, juvenile courts, and other child-welfare agencies. In some cities the children attend the regular schools, being treated in the consultation centers and visited by the trained workers. Special kindergartens and day centers for such children have been established in other cities.

Virginia has recently started a traveling mental hygiene clinic to serve the schools and medical and social agencies throughout the State, and to examine and treat delinquent children. Its staff will include a psychiatrist, a psychologist, and two psychiatric social workers. The Commonwealth Fund has contributed approximately $40,000 for the clinic.

Report of the Sub-Committee on Nursing of A.P.H.A. Committee on Administrative Practice *

IT seems advisable to go a little into the background of the committee's studies in nursing, in order to arrive at the reason for the present-day need of a sub-committee on nursing. In making the original appraisal form, the National Organization for Public Health Nursing was consulted at every step of the way about the place that nursing should take in organizations. Anne A. Stevens, R.N., who was then the Director of the N.O.P.H.N., gave a great deal of time to this. Nursing groups were apparently satisfied with the advice given and the conclusions reached.

Since that time, it has been nobody's job in particular to keep up to date on the appraisal or to advise in relation to its interpretation or evaluation. One of the reasons for the formation of such committees as ours was a growing feeling on the part of nursing groups that, when studies were made which involved nursing problems, some formal committee should be consulted in relation to conclusions arrived at and the recommendations made.

The N.O.P.H.N. is also making nursing studies and the volume of such studies is steadily increasing. It was considering an advisory committee to consult with its staff on field studies made. Consequently, with two groups making studies in the field the time seemed ripe to have a committee of each, which should function separately in relation to each group and jointly in regard to the relation of one group to another.

Naturally common problems would arise in relation to the scope of each group making studies; the kind of information to be gathered; the schedules for gathering such information; the evaluation of such studies; the conclusions and recommendations arrived at; and the coördination of one group to another.

The N.O.P.H.N. appointed a committee which is synonymous with our A.P.H.A. committee on nursing with one exception—the Director of the N.O.P.H.N. is a member of the A.P.H.A. committee, but is naturally not on the N.O.P.H.N. committee.

FUNCTION OF THE COMMITTEE

To assist in keeping the appraisal up to date.

To assist in evaluating nursing services in relation to changing needs.

To keep the field staff advised regarding general nursing trends and policies.

To advise in relation to the extension of studies in nursing.

To assist in working out some method of ascertaining qualitative as well as quantitative practice.

To advise in relation to making specific studies.

To be the medium of problems in relationship to the N.O.P.H.N.

To work out plans for coöperation and coordination with the N.O.P.H.N. in their nursing studies.

Eventually, it is hoped that we may be able to work out some more definite conclusions in regard to certain nursing practices and policies.

The committee has had one meeting as a whole with Dr. Walker, at which we discussed and reviewed the potentialities of the committee.

Dr. Walker met with the Advisory Committee of Field Studies of the N. O.P.H.N., at which meeting was reviewed their schedules for studies and also discussed some of the common problems, such as the extent of information it was advisable for the N. O.P.H.N. to give; the need of both the A.P.H.A. and the N.O.P.H.N. being in accord with relation to certain recommendations which they might make in relation to nursing studies.

SOPHIE C. NELSON, *Chairman*
MARY LAIRD
AMELIA GRANT
JANE C. ALLEN

* Presented to the Committee on Administrative Practice of the American Public Health Association in New York, N. Y., May 24, 1928.

Public Health Nursing and the Tuberculosis Patient

Editorial Note: We present further comments on the Study of Public Health Nursing for the Tuberculosis Patient before Hospitalization, by Linsly R. Williams, M.D., and Alice M. Hill.* Comment from Miss Tucker and Miss Gardner appeared in February.

THIS study gives food for thought—some of it most palatable and some not. Facts recorded in four sanatoria drawing patients from communities where public health nursing is fairly, or very well organized, reveal a high percentage of patients who have been given some individual attention by a public health nurse. That 82.5 per cent to 88 per cent of them were in contact with nursing service is an excellent record for that service. Of course, those five questions do not make a public health nursing study and in no way indicate the sources of influence brought to bear upon the homes or industrial plants. Nor do those figures give any picture of the many visits which, when closely studied, are the finest kind of tuberculosis work, but which may not be known to the patient as such.

A true picture of tuberculosis work would include every practical lesson given in home, workshop or school regarding sanitation or ventilation, care of secretions from nose and throat, body excretions, oral hygiene and washing hands before handling food; every child brought out of the malnourished class, every baby brought to well baby conferences and every preschool child growing strong and sturdy, every shopkeeper who is persuaded to have annual physical examinations for himself and his working force; every girl who learns to see the beauty of "plump" figures as opposed to the slightness of the thin, fatigue-postured girl to the extent that she is willing to follow a healthful regime; all these and many, many other implied activities of a true public health nurse contribute to the influences bringing about the hospitalization of patients as well as avoiding the necessity for being hospitalized.

The fact that *recognized contact with nursing service was of high percentage in less than one-fourth of the institutions studied* is interesting. It may indicate that nursing service is not well developed in the communities represented by the other fourteen hospitals and sanatoria or it may mean that other public health influences are functioning to a high degree. Dr. Williams and Miss Hill present the former opinion. However, it is conceivable that the latter might be true of a given community. It has been true of most studies that outlines of the work of one community do not fit into the same smooth functioning scheme for another. The true criterion of any tuberculosis work is that patients are being cared for. The reference to the large proportion of private sanatorium patients who had no instruction regarding the heightened hygienic routine of the tuberculous patient indicates need for better health work of all kinds and from all sources. It is no more detrimental to public health nurses as a profession than to physicians, teachers of hygiene, educational methods and intelligent community organization.

The fact that apparently so *few patients were referred to the hospital by a nurse* is not shocking. Nurses are not diagnosticians, but teachers of health, and if the truth be known it is very probable that health teaching had a very definite and emphatic influence upon the health habits of the community. There is no reason why a patient should owe the immediate discovery of the presence of tuberculosis to a nurse. There is every reason why the people of any community group should be led to see the advantages of annual physical examinations and *arrange for their own*—and this is

* Published in the January number of this magazine.

being done more and more. Also there is a growing understanding among all classes of the meaning of individual well being. True, every case of tuberculosis should have as careful follow-up as any other communicable disease.

One question of considerable importance where public health nursing is concerned is that of home life. How many of the 1,499 patients had a permanent home or were living in it? In a group of 95 tuberculosis patients in one community, 53 are reported with *no address*. Migratory patients are good clinic patients, but few if any of the 53 above referred to were not, and probably never will be seen by the public health nurse.

All of this is to the point only insofar as it emphasizes that a true picture of good nursing service in a community must be made with the community health organizations and influences all balanced to the needs of that particular community. Generalizations may excite us to further study and if further study helps to increase health work, all well and good.

HELEN S. HARTLEY
San Joaquin Local Health
District, Stockton, Calif.

I am much interested in the study of the part public health nurses are playing in tuberculosis case finding. I could wish that they had told us the area and population of the several districts studied and the number of public health nurses actually working in each.

They graciously disclaim any wish to criticise the work of public health nurses and they admit the impossibility of being able to determine just who, in many instances, does start the patient on the road that ultimately brings him to the sanatorium, yet the fact remains of course that nurses either are doing effective tuberculosis case finding or they are not, and where they are not it is a fair question to ask why.

There is in my opinion not the slightest question but that public health nurses have their own individual major interests exactly the same as physicians have, and that until we have a tremendously larger stock of nurses from which to choose it will not be possible, if indeed it would ever be desirable, to refuse employment to nurses otherwise entirely qualified, who have some one particularly strong lead in their work which more or less overshadows everything else.

There are, I believe, a relatively small number of public health nurses who search out tuberculosis patients in this same way, and they, in our western experience, are always the ones who have had special training either with a strong tuberculosis dispensary service or in a sanatorium. Personally I would like to see special tuberculosis experience of some sort required as part of every public health nursing course.

The study itself indicates that about half of the patients who had been visited by a nurse were from the more populous districts where special tuberculosis nurses were employed, presumably in somewhat adequate numbers.

On the other hand public health nurses must often scatter their services over immense areas. We have, for example, two such in Oregon who work entirely alone without even a school nurse in their largest towns, in counties of over 3,000 square miles, and we have one such in a 4,500 square mile county. If such a worker fails to discover a tuberculosis patient before anyone else has found him this should not be hard to explain, especially when she is doing every other type of public health nursing and in addition social service work.

The real truth is, of course, that there are so many things *demanding* a nurse's attention that something has to suffer, and as ordinarily her preparation for everything else has been better than her preparation for tuberculosis, she gravitates naturally to the thing she feels best qualified to do. I am convinced that the trouble is very largely with her preparation, and if this study serves to strengthen tuberculosis in the training courses it will serve a wonderful purpose.

L. GRACE HOLMES
Statistician, Oregon Tuberculosis
Association

NOTES FROM RECENT CORRESPONDENCE

The majority of patients receiving sanatorium care at the present time have been referred by physicians, because the county nurses who are keen on finding new cases, first refer the case to a local physician who in turn refers them to the clinic if he thinks it necessary. This means that under the item "referred by" on the social history, the name of the doctor appears, when originally it may have been the public health nurse who found the case.

—Letter from Florence B. Struthers, Assistant Superintendent and Chief Nurse, Oakhurst Sanatorium, Elma, Washington.

Of a total number of 248 new cases at the clinic during the year 1928, 78 had been referred by the visiting nurses.

—Annual Report of the Tuberculosis Clinic and Field Work, Sadie A. Strande, Superintendent, Visiting Nurse Association, Rockford, Ill.

INTERNATIONAL HEALTH

The Health Committee of the League of Nations held its thirteenth session at Geneva in October, 1928. The first point on the agenda was the adoption of the report of the Malaria Commission. The report emphasizes the necessity of acquiring wider knowledge of the disease, of the parasite and of the mosquito and suggests that for this purpose each government should establish a central permanent organization, either independent or attached to an institute, composed of several selected workers who would devote their whole time to malaria research and would act as scientific advisers.

Plans were adopted for organizing the international leprosy inquiry, a national center for which has already been set up in Brazil.

The reports of the Smallpox and Vaccination, and Cancer Commissions were also adopted. The expert sub-committee of the latter on the study of radiotherapy of cancer hopes to report early next year on the results of radiological treatment in three important institutions, those of Munich, Paris and Stockholm. The inquiry into occupational cancer is limited in scope and directed toward elucidating a few central points. It was also decided to place the documentation collected on the subject of the protection of the blind and on trachoma at the disposal of the International Ophthalmological Society.

One of the most interesting reports was that by Dr. M. D. MacKenzie, of the Health Section of the League Secretariat, on the recent epidemic of dengue in Greece, to which country he had been sent at the request of the Greek Government. To date there have been more than 850,000 cases and 1,372 deaths. The Health Committee asked the Medical Director to enlist the coöperation of entomologists in carrying out a mosquito survey of Mediterranean countries, in view of the importance of obtaining fuller information than is at present available on the distribution and prevalence of *Aedes asgypti* (the mosquito transmitting dengue) in such countries.

During the entire session of the Committee films on different aspects of its work and the problems on which it is engaged were shown. This is a first experiment on the part of the Committee in the use of the film as an adjunct in its work and a source of documentation. One of the films shown was on rural hygiene in India, explained by Mr. Brayne, of the Indian Civil Service, and another was of the Copenhagen Conference of Experts on the Sero-Diagnosis of Syphilis.

How Many Visits Per Day Per Nurse?

NOT long ago the N.O.P.H.N. Service Evaluation Committee* was asked how to arrive at the average number of visits a nurse makes a day for any month. On the surface of the thing one answers glibly: take the number of visits made by all the nurses in a month and divide it by the number of days the nurses worked in the month.

At once, however, arises the problem of how to decide on the number of days the nurses work in a month? To this there is not a unanimous answer.

METHODS

There are three ways which associations have been using:

FIRST. The number of working days in a month is multiplied by the number of nurses working in the month.

SECOND. A daily record is kept of the nurses working and the sum of these daily records for a month gives the total number of days worked.

THIRD. A daily record is kept of the number of hours each nurse is on duty. The total number of hours all the nurses worked in a month is divided by the number of hours in a working day to give the number of days worked in a month.

Before stating which of these ways is the preferable one the Service Evaluation Committee asked the N.O.P.H.N. Statistical Service to get some figures and see what differences these three ways made in determining the number of days worked in a month by nurses on an association staff.

It was not possible to get sufficient information from many associations, but enough was collected to show that any one of these three methods of determining the number of nurse working days in a month made only a small difference in calculating the average number of visits per day per nurse.

As few associations keep time figures routinely the Service Evaluation Committee recommends that either method 1 or method 2 be used, but that method 2 is preferable because it is a direct computation and so the more accurate.

The Committee also recommends that as the number of visits made varies with any change in program or policy of the association, the number of visits per day per nurse be determined for each year.

HOW TO CALCULATE

To be specific, taking Method 2 this is the way to calculate the average number of visits per day per nurse for any one year. A daily record is kept of the number of nurses who actually work for the whole or part of the day. A nurse who is having her half day off duty should be considered as actually working for a half day only. Much confusion can be avoided in keeping this record if the number of hours which are to constitute a certain part of the day is decided. For example, if the length of the working day is 8 hours and it is desirable to record less than a full day in terms of one-quarter of a day, you might have the following plan:

Hours worked in day	*Part of day*
One hour or less	No credit
More than 1 hour to 3 hours	¼ day
More than 3 hours to 5 hours	½ day
More than 5 hours to 7 hours	¾ day
More than 7 hours	1 day

At the end of the month these daily records are totalled. This gives the number of nurse working days in a month for all nurses.

This record is kept for each month in the year and at the end of a year, the monthly totals of nurse working days are added to give the total of nurse working days in a year. The total number of visits made in a year is then divided by the total number of nurse working days in a year to de-

*This committee replaces the former Advisory Committee for the Report of the Study of Visiting Nursing.

termine the average number of visits per day per nurse for a year.

It is of course possible to get the average number of visits per day per nurse *for any one month*, by dividing the number of visits made by the total number of nurse working days in the month. This number varies from month to month because as stated before many factors are involved in the number of visits a nurse can make a day.

THE OLYMPIC GAMES AND WOMEN ATHLETES

At the fifth annual meeting of the Women's Division of the National Amateur Athletic Federation, held in New York City in January, 1929, the question of competition by women in the Olympic Games was discussed. Believing that the time had come to take a definite stand on this question, the following resolutions were adopted:

Whereas competition in the Olympic Games would among other things (1) entail the specialized training of the few, (2) offer opportunity for the exploitation of girls and women, and (3) offer opportunity for possible over-strain in preparation for and during the Games themselves,

Resolved that the Women's Division of the National Amateur Athletic Federation go on record as disapproving of competition for girls and women in the Olympic Games in 1932.

Other resolutions adopted at the same time provided that the Women's Division, recognizing that the United States would be acting in the capacity of host to other nations participating in the games in 1932, send a letter to the proper committee or authority offering to assist in every way possible in the entertainment of the women participants in the games in 1932; and further that the Women's Division shall ask for the opportunity of putting on in Los Angeles during the games (not as a part of the Olympic program) a festival which might include singing, dancing, music, mass sports and games, luncheons, conferences, banquets, demonstrations, exhibitions, etc.

It was further resolved that the members of the Women's Division and all of those who are interested in the Federation and its ideals, go back to their communities determined to do all in their power to more actively spread the principles advocated by this Division and to work unceasingly toward putting on for girls a program of sports and games in their individual situations which shall (1) include every member of the group; (2) be broad and diversified; (3) be adapted to the special needs and abilities and capacities of the participants; with the emphasis put upon *participation* rather than upon *winning*.

Miss Ethel Perrin, Division of Health Education, American Child Health Association, sends us the following comment:

"Neglected Ages—Adolescence," in the February Public Health Nurse, was of particular interest to me because of the emphasis on this age group for this year's health program as fostered through our May Day plan. But it was a disappointment to find no mention of recreation in your otherwise excellent article. This is a vital part of the lives of adolescents and it is extremely important to guide it in the right direction, one of which is through athletics. But here again much serious consideration from adults is needed because there are both good and poor athletic procedures."

(We hope to remedy this omission in an early number.)

ACTIVITIES *of the* NATIONAL ORGANIZATION FOR PUBLIC HEALTH NURSING, INC.

N.O.P.H.N. BOARD OF DIRECTORS' MEETINGS

The regular midwinter meetings were held January 15, 17 and 18 at 99 Park Avenue, New York, N. Y. Several times during the discussions most searching questions were raised in relation to N.O.P.H.N. policies and program, with the result that a Committee to Review Policies and Program was appointed, consisting of Mary S. Gardner, Florence M. Patterson, and Sophie C. Nelson. The committee will hold its first meeting some time in March.

The Board and Committee Members Section reported that since the Institute for Board Members held in New Haven and the formation of this Section, there have been many demands for help made on the leaders of this group from all parts of the country. This increasing interest in public health nursing presents both an opportunity and a challenge which has been the subject of frequent discussions by our Board and Committee Members group. The Section presented a recommendation that a full-time secretary for the Section be employed. The Board approved this recommendation provided funds for the support of this secretary could be secured from outside sources.

The Joint Vocational Service, Inc., presented an interesting quarterly report.

The following figures indicate the volume of work in positions handled and in registration of candidates for positions:

	Public Health Nursing Positions
Open Sept. 1	145
New Positions	215
Open Jan. 1	136
Disposition of Positions Closed	
Filled	95
Assisted	20

Positions filled ranged in salary from $1,200 to $4,800. The most strategic positions were those for public health nurses in the New York City Department of Health not under civil service, and one for a social worker on the staff of the Encyclopedia of Social Science.

There has been an increased call from public health nursing agencies for workers with practice in social case work, also for professionally equipped candidates who have ability in editorial work to put into shape the studies made in technical fields.

The Advisory Committee in Public Health Nursing is giving special consideration to the problem which age presents in case of many public health nurses.

Growing out of a discussion of the value of professional membership requirements for nurse membership in the N.O.P.H.N., the Board approved and referred to the Revisions Committee the recommendation that a prerequisite for nurse membership in the N.O.P.H.N. and S.O.P.H.N. be nurse membership in the American Nurses' Association or the National Association of Colored Graduate Nurses.

In this connection it was voted to suggest to the A.N.A. that it consider a revision of its by-laws so that membership can be provided in a district association either through alumnæ or individual membership.

The relative merits of a triennial and biennial convention received considerable attention. The next biennial will take place, but the Board expects to continue the consideration of the desirability of less frequent conventions for the N.O.P.H.N.

The Board wishes to bring to the attention of the membership the Harmon Plan for annuities for nurses. Information regarding the plan and application cards can be secured from the Harmon Association for the Advancement of Nursing, 522 Fifth Avenue, New York, N. Y. More detailed information will be forthcoming shortly.

Reports were received from the following committees—

Finance Committee
Publications Committee
Revisions Committee
Records Committee
Service Evaluation Committee
Advisory Committee on N.O.P.H.N. Field Studies
Ad-Interim Committee of Education Committee

The Board of Directors accepted the following recommendation of the Service Evaluation Committee:

That the offer of the Metropolitan Life Insurance Company to collect the necessary statistical data for a revision of the cost per visit study be accepted and that the schedule be worked out jointly by the N.O.P.H.N. staff and the Metropolitan. It is planned to incorporate in the new N.O.P.H.N. study the parts of the former Report which are not out of date and to include any of the rulings of the Service Evaluation Committee which are pertinent.

Mr. Davis, acting chairman of the Finance Committee, gave a comparative report on membership and subscription figures, for 1928 and 1927. The report showed, as a result of the financial promotion work in the last quarter of 1928, an increase in 1928 over 1927, in renewals, new memberships and subscriptions. He stated that the Committee felt that before any financial plan could be worked out by the Finance Committee and presented to the Board for action, the Board would need to give careful thought to N.O.P.H.N. policies and that until this has been done, the Committee believed the present financial policy should be continued. The Finance Committee reached the conclusion that any scheme for increasing and even for maintaining the present budget would necessitate more contact throughout the country with local groups.

Dr. Werrett Wallace Charters of Columbus, Ohio, has accepted an appointment on the Education Committee. Dr. Charters' past experience in the teaching field, his recent contribution to the field of nursing education through membership on the Grading Committee and the present research work he is undertaking at the Ohio State University all contribute to make him a valuable addition to this committee.

The Board is happy to be able to announce to its membership the appointment of Mr. Michael Davis as Treasurer of the N.O.P.H.N. to succeed Mr. Alexander M. White. Mr. White, who has served the Organization so long and faithfully in this capacity will continue to give the Organization his interest and support by serving on the Advisory Council.

JOINT BOARD MEETINGS

At the annual meetings of the Joint Boards of the three national nursing organizations the following subjects of interest were discussed:

Relief Fund. Significant changes were made in the administrative policy of the National Relief Fund, definitive action being required because during the past year the number of applicants for relief has greatly increased and demands upon the Fund have placed it in a financially precarious position. Acting upon recommendations of the Relief Fund Committee it was voted by the A.N.A.:

1. That to be eligible for Relief Fund benefits a nurse shall have practiced her profession for at least two years and immediately preceding her illness or disability.
2. That to be eligible for Relief Fund benefits a nurse shall have been a member of the American Nurses' Association for at least two years and at the time of her illness or disability.
3. That steps be taken toward the establishment of a complete change of policy in the administration of relief to A.N.A. membership and that the Committee be asked to make a further study of the Relief Fund.

American Journal of Nursing Stock. The Board of Directors of the A.N.A., as stockholders of the American Journal of Nursing Company, voted that "since a dividend can be declared,

at the same time leaving a comfortable margin with which to begin the year 1929, the stockholders declare a dividend of 100 per cent of the capital stock of $8,400." This sum was turned over to the American Nurses' Association.

Grading Committee. The Board went on record as believing that it is necessary to evolve some plan whereby the work of the Grading Committee, or some phases of it, may go on after the present program is completed. The Board accepted the recommendation that a joint committee be created to study the definite recommendations contained in Dr. Burgess's report. The generous gift from Mrs. Chester C. Bolton of $15,000 toward the work of the Grading Committee was announced.

FINANCIAL STATEMENT FOR 1928

Members interested in knowing what our income and expenses were for 1928, as well as how they compared with 1927, will find below figures extracted from the auditor's reports. Questions will be gladly answered or additional data supplied.

The increase in Corporate dues and the decrease in Contributions as compared with 1927 is to a great extent due to income received direct from community chests being credited as corporate dues, whereas in 1927 this income was credited as contributions. The sum of corporate dues and of contributions is about $1,000 more in 1928 than in 1927.

NATIONAL ORGANIZATION FOR PUBLIC HEALTH NURSING

Income and Expense for 1928 as compared with 1927

	1928	1927	Increase	Decrease
INCOME				
Membership dues, individual	$14,569.00	$13,974.85	$594.15	.....
Membership dues, corporate	17,355.60	12,737.26	4,618.34	.....
Contributions	26,738.00	30,265.24	.....	$3,527.24
Magazine	19,818.61	19,468.64	349.97	.....
Sale of Services	838.24	1,309.05	.....	470.81
Miscellaneous Earnings	5,287.03	4,163.73	1,123.30	.....
Total General Income	$84,606.48	$81,918.77	$2,687.71	
Special Funds				
Financial Study	$10,000.00	$5,000.00	$5,000.00	.....
Institute Loan Fund	.....	100.00	.....	$100.00
EXPENSE				
Administration	$10,790.58	$11,712.56	.....	921.98
Accounting Service	2,563.50	2,516.00	47.50	.....
Affiliated Memberships	1,050.00	1,055.00	.....	5.00
Allied Projects	2,500.00	2,500.00	.....	.....
Travel, representation at meetings	326.97	311.29	15.68	.....
Convention	3,537.28	.....	3,537.28	.....
Insurance	46.83	.....	46.83	.....
Joint Vocational Service	4,000.00	4,005.57	.....	5.57
Hospitality	48.88	62.30	.....	13.42
Advisory Service (includes Library Service and Educational Propaganda)	17,872.61	16,754.85	1,117.76	.....
Magazine	25,302.77	24,435.07	867.70	.....
Membership	4,323.50	4,521.66	.....	198.16
Statistical	5,336.88	4,468.73	868.15	.....
	$77,699.80	$72,343.03	$5,356.77	
Special Funds				
Financial Study Fund	$8,634.66	$5,428.16	$3,206.50	

BOARD AND COMMITTEE MEMBERS' FORUM

Edited by VIRGINIA BLAKE MILLER
Board Member, Instructive Visiting Nurse Society, Washington, D. C.

SHALL THE NURSE ATTEND BOARD MEETINGS?

Foreword: For associations considering the advisability of having the nurse in charge attend the monthly board meetings—whether she is an executive director of a large staff, or a nurse working alone in a rural community—the following papers should be of interest. This question is discussed from the viewpoint of the Board and of the nurse, each bearing testimony to the benefit that may be looked for from such a contact.

Board members of public health nursing associations all over the country are waking up to their responsibilities and opportunities in the great movement for better health. Local committees concerned with the education of board members, institutes for board members, regional conferences, and national conventions are being organized in order that board members may understand the essential part they have in this professional work, and may equip themselves to be more effective. Is there a danger that in this commendable desire to assume the responsibility which belongs to them, and to relieve the nurse, they may overlook the most important principle in the administration of public health nursing, namely, that it is a joint responsibility of board and nurse? The nurse will contribute a point of view gained from her training and professional experience; the board will contribute the point of view of the community and those diverse attitudes and opinions which compose it.

One sometimes hears it said that the nurse cannot give time to attend meetings of the board; or, again, that the board does not feel free to discuss the work of the nurse in her presence. The contrary is indeed more nearly the truth. The nurse cannot afford to stay away from the board meeting, lest she miss an opportunity of considering her problems with the board; and if there is to be criticism of her work, the one person whose presence is essential is the nurse, so that she may have time to explain.

Consider, for instance, the regular monthly meeting of any board: *Can the best results be obtained without the presence of the nurse or supervisor?* The report of the nursing work is the most vital feature of the meeting. No one but the nurse can answer the questions, or explain the statistics, or describe the concrete case which gives to the report its thrilling interest. It is customary in many associations to have the nurse attend the board meeting for just long enough time to give her report. But how can the board act wisely on other matters without the nurse's point of view? And how can the nurse be expected to carry out the policies of the board unless she hears the discussion and understands the reasons for the decisions? If the problem is one of finance, which board will make the supreme effort to increase the income of the association unless the need of the community for additional service is presented to them as only the nurse can present it? And from the nurse's point of view, how can she formulate intelligent plans for developing the nursing service unless she knows the financial status of the association?

Or take the question of publicity, which may seem to be one with which the nurse need not be concerned. The board members think of their pub-

Communications for this department should be sent to Mrs. G. Brown Miller, care of THE PUBLIC HEALTH NURSE, *370 Seventh Avenue, New York City.*

licity as being a means of securing money; but every appeal for support from the community is also an opportunity to interpret the work and to increase its usefulness to the community. Here again the professional experience is essential. The board meetings will be more interesting and more effective if the nurse attends them throughout, and no restraint need be felt; for criticism and praise alike may be freely and impersonally given and received when for the benefit of the cause.

Planning Institutes and Conferences

This same attitude should be borne in mind in planning the institutes and conferences for board members. The studies and discussions presented at such meetings are dealing with subjects closely allied to professional matters, upon which board members are naturally unqualified to have opinions. Let us, therefore, have at such conferences a nurse to help the discussion and to advise and guide us through those intricate and narrow paths where the problems of administration follow closely, but cross and re-cross the paths of professional problems.

Does the need of joint thinking and joint action with the nurse lessen the responsibility of board members? On the contrary, the interdependence of the nurse and the board demands of board members, just as of nurses, a service of devotion, thoughtfulness, and intelligence, so that thinking and action of the professional and the untrained board member will in reality be evenly shared and will result in a progressive and wise service to the community.

GERTRUDE W. PEABODY
Vice-President, Community Health Association, Boston, Mass.

THE VIEWPOINT OF THE NURSE DIRECTOR

A few decades ago there was little understanding between board members and the professional group in nursing organizations; for, during this era the community needs and point of view were not wholly taken into consideration. Not only was this true but it was the belief that the board member's responsibility began and ended with raising sufficient funds and holding the purse strings. Executives were very reticent about taking the lay group into their confidence regarding professional problems and were likely to think that board members were interested primarily in keeping the cost of service down to the minimum, irrespective of its content or quality, while it was the inclination of the board members to wonder if the executive did not allow self-interest or prejudice in favor of co-workers to enter into the problem, especially if it was one of finance, before considering the problem on its merits. Gradually as one organization after another has admitted the nurse not only to board meetings, but to committee discussions, misunderstandings and suspicions have faded away and both groups realize that for the best interests of the community and the organization, there must be joint responsibility and participation.

From the nurse's point of view the very first requisite for participation in joint responsibility is an opportunity to attend all the board and committee meetings, for through this medium she not only gets a working knowledge of what the ideals and aims of the board are but helps in developing them, which is the means of arousing in her a broad community outlook and a refreshing idealistic point of view. The executive, being the liaison officer between the working staff and the policy making group, interprets the individual nurse's enthusiasm to the board and the board's ideals to the staff.

The Nurse Working Alone

If it is necessary for the nurse executive to attend the board meetings, it is even more necessary for the nurse working alone, for she has often no other source of inspiration, nor has she any other opportunity for gaining information as to what the community

wants or expects of her; this likewise is her best medium for interpreting community health conditions as she actually finds them. Through this discussion of the lay and professional together, wiser plans for the future development to meet the needs are made.

The theory that exists in some minds that board members will not talk freely at board meetings if the nurse is present is a fallacy. Board members for the most part, bring to the executive, in the friendliest way, not only suggestions as to her work but their own criticisms and those of the community, which otherwise would not reach her. It is by hearing criticism first hand that the nurse can profit most by it and whether just or not, explain the true situation to the satisfaction of her board.

By mutual give and take, the nurse bringing her professional problems and the lay group bringing the general organization problems, such as publicity and finance, we achieve mutual understanding and responsibility. If one takes a broad look at a nursing organization, it is hard to find a conscientious argument against nurse participation in all the councils of the organization, for such a privilege results in a liberal education for the board and the nurse alike, and is used for the increased understanding of the entire community.

KATHRYN SCHULKEN,
Superintendent, Visiting Nurse Association, Denver, Colorado

A UNIQUE AWARD

An annual award of $100 to encourage training for public health nursing has been provided for by the establishment of the May Seton Bayley Memorial, in honor of the late Mrs. Walter Large, former chairman of the Westchester County (N. Y.) Chapter of the American Red Cross.

In November, 1928, friends of Mrs. Large deposited with the County Trust Company of White Plains, as trustee for the New York Community Trust, a fund of $2,500 to be held perpetually as a portion of the Westchester Welfare Foundation.

The trust agreement provides that the income shall be paid annually by the chairman of the Junior Red Cross Standing Committee of the Westchester County Chapter "to a pupil who has passed through the Red Cross Course in Home Hygiene and Care of the Sick as administered by the Westchester County Chapter and has completed the probationary period of study and service at a hospital, and entered upon the duties necessary to become a fully trained public health nurse." If no recipient fulfilling this description is available in any year, "the income shall then be applied to Chapter Health Work in Junior Red Cross activities."

To avoid overlapping of activities of the two organizations founded for kindred objects and to insure greater unity, the Rockefeller Foundation and the Laura Spelman Rockefeller Memorial were consolidated upon joint petition by order of the Supreme Court. The assets of the Rockefeller Foundation and the Laura Spelman Rockefeller Memorial now amount to $312,793,617. The Laura Spelman Rockefeller Memorial Fund, amounting to $2,500,000, was created by the Laura Spelman Rockefeller Memorial just before its merger with the Rockefeller Foundation. This fund, handled by the New York Community Trust,* will be used to aid five New York philanthropies—the Salvation Army, the Henry Street Settlement, the Charity Organization Society, the New York Association for Improving the Condition of the Poor and the United Hospital Fund.

* For description of Community Trusts see THE PUBLIC HEALTH NURSE, November, 1928, page 563.

POLICIES AND PROBLEMS OF PUBLIC HEALTH NURSING

SOME PUBLICITY AND EXHIBIT IDEAS

DOLLS A FOOT TALL—The Minnesota State Organization for Public Health Nursing arranged an interesting exhibit. On the rear wall of the booth was suspended a huge map of the state on which only outlines of counties and their names were shown. From that map narrow red ribbons extended from each county employing a county nurse to a doll standing on a table in front and below the map. The dolls were about a foot tall and were dressed in the regulation gray uniform of the public health nurse. Each doll had pinned on her left sleeve the name of the nurse actually employed in the particular county represented.

It was interesting to note the pleased expression of passers-by as, with a spirit of personal ownership, they picked out their own particular county nurse, and the shocked and disappointed look of the others who having searched in vain came to the realization that their county had no nurse.

THE GAY 90'S—In the 30th annual meeting of the Victorian Order of Nurses for Canada, Montreal, there was featured a five-minute scene depicting the nursing visit 30 years ago, and one depicting the nursing visit today, which struck a new note in annual meetings. The voluminous skirts of the gay 90's, the lack of social organization with a consequent lack of coöperation, the old-fashioned cradle continually rocking, were in striking contrast to our short-skirted brisk nurse of today, with all sorts of social organizations ready to help her, no cradle but a crib for baby, and occupational therapy for grandma who used to sit huddled in a chair all day with folded hands gradually becoming stiffened. The scenes were short, and the dialogue very much to the point, with enough humor to embellish it.

MYSTERIOUS ALONZO—Why is that crowd of 150 people standing on tiptoe to get a look at "Mysterious Alonzo," the man who never kicks? Alonzo never kicks for a very excellent reason—he is legless. At least the Onondaga Health Association made him appear legless by creating an optical illusion by the skillful arrangement of mirrors. In Alonzo's hand is a microphone hooked up with batteries, amplifiers and a loud speaker, which is placed just outside the window. Alonzo then speaks to the people on the street about the prevention of heart disease. This was a clever window display used in Syracuse, New York, during a recent heart campaign.

REAL LIFE—The Early Diagnosis Campaign was brought to the attention of the residents of Minneapolis by the Hennepin County Tuberculosis Association by having an actual chest examination made in a large window in a downtown department store. The window was fitted up to resemble a physician's office and twice daliy, when the crowds were greatest, a thorough chest examination was given to a real patient by a real physician. This departure from the conventional wax dummies made a most effective window display.

Directions: To one large tail-less kite on which a double barred cross is painted, add one long kite string and one boy scout. Multiply by 100 or 1000 if possible and you have the picturesque and novel publicity stunt planned for the Christmas seal sale by the National Tuberculosis Association staff.

Further publicity may be obtained by lashing a small flashlight to a kite string in such a way as to illuminate the cross, and flying the kite at night.

Posters printed from linoleum blocks are very popular with advertisers. The art of cutting the blocks can be acquired by anyone with a little patience. A description of the process is printed in the November 1927 and January 1928 numbers of *The Poster*.

Food models made from wax candles toned with school crayolas, form an ingenious and economical exhibit for nurses and expectant mothers as used by the New York State Department of Health.

Vegetable soup, buttered carrots, cup custards and stewed prunes do not last long when displayed *au natural*, but these same valuable dietary assets, when attractively manufactured and colored, will keep their good looks through many displays.

Colored wax candles are selected, which represent as closely as possible the colors of fruit and vegetables in their prepared state for serving. Where the colors are not exact, colored school crayolas are used to get the desired tone. The candles and crayolas are finely shaved, slightly warmed (so that they can be molded), colors blended (measured while still warm in an ounce measuring glass), then massed on dishes to illustrate the actual foods. As the wax becomes hard as soon as cold, it is necessary to mold and blend it rapidly. It has been found, after several trials, that keeping the dishes and hands warmed in hot water, delays hardening.

In order to keep the display mountings clean, several coats of "Pure White" shellac are put on. This makes for easy dusting and washing.

Attractive models for window or booth display may be made by very much enlarging and cutting out photographs, placing in relief against a painted or photographed background, and framing as for a picture. Descriptions, statistics, etc., should be placed on separate charts to hang or stand near the appropriate picture.

Book marks carrying your message may be distributed effectively. An edition was published of 20,000 in Syracuse, N. Y., and were distributed through libraries, book stores, physicians' offices and miscellaneous other channels. Some were given out at booths at fairs, etc. Volunteers inserted them in hymn books in a few selected churches. The book marks are intended primarily for the class of people who read books. They are the ones who are most apt to be willing to put their hands in their pockets or follow the advice printed on the marker.

Plays of the sort which social agencies can use to advantage are not easy to secure. Few have as yet been written. *From House to House* was secured by the Providence District Nursing Association by asking a local players' club to help. Both the authors and the actors of the play were members of the club. Little theatres are springing up in towns and cities throughout the country, and many of them are doing excellent work. Their coöperation with social agencies in producing good plays should not be difficult to obtain. *The Narrow Door* was written by a university instructor of dramatics. Classes in playwriting might welcome the material that social agencies can supply. Still another source for securing plays is the play contest.

RED CROSS PUBLIC HEALTH NURSING

Edited by ELIZABETH G. FOX

HOW THE OLEAN TYPHOID EPIDEMIC WAS MANAGED

DURING the months of September, October, November and December 1928, Olean, New York, a city of about 27,000 inhabitants, suffered a typhoid fever epidemic with a total of 230 cases, and 22 deaths. The disease was of an unusually severe type, ran a long course, and there were many complications, including severe cases of furunculosis. The ages of the patients ranged from seventeen months of age to seventy-four years, with the highest mortality rate among the older patients.

During the epidemic 210 graduate nurses were put on the city payroll, the largest number at any one time being 180. Twelve practical nurses, two dieticians and six orderlies were also employed.

The city assumed responsibility as the source of infection was found to be the city's auxiliary water supply. It had, however, neither the personnel nor the facilities to cope with so serious an emergency and early sought the aid of those agencies equipped to help. The resulting plan of organization was so clear and worked so well in actual operation that it seems worth description.

The city accepted its responsibility for meeting the hospital, medical and nursing expenses involved in caring for the patients and preventing the spread of the disease. It also met certain family relief problems created by the illness of a breadwinner and certain financial losses incurred by the patients.

ALL RESOURCES USED

The Mayor appointed a Hospital Committee composed of the City Health Officer, and three local physicians to act in an advisory capacity on matters connected with hospitalization of the patients. This Committee also advised on the many medical and nursing problems arising from time to time. At the meetings of the Committee, which were sometimes as frequent as two a week, there were usually present the State Epidemiologist, the Executive Secretary of the Red Cross Chapter, the Secretary of the Chamber of Commerce and the Red Cross Nursing Field Representative and her assistants.

To meet the relief problems, the city created an Emergency Relief Committee and a Claims Committee, which passed on every case seeking aid or presenting a claim. Whatever recommendations these Committees made the city met.

The State Epidemiologist and three nurses from the State Department of Health took over all work connected with the investigation and control of all cases from the epidemiological standpoint.

The City Health Department, with the help of the local doctors, made typhoid inoculation available to all the residents of Olean. All personnel were required to be inoculated.

The Cattaraugus County Health Demonstration offered its laboratory facilities, increased its staff to meet the need, placed its statistical service at the disposal of the city and assigned six of its nursing staff under the supervision of its Director of Nursing to carry on a visiting nursing service for all typhoid patients not in need of hospititalization or of special nursing. The Catholic Charities also employed two nurses for this purpose.

The Olean city nurse made all of the instructive home visits to families where instruction and supervision were needed but not nursing care. The Red Cross Chapter visiting nurse gave nursing care to all those sick at home *except* typhoid cases.

Private duty nurses on typhoid cases

both in the homes and in the hospitals were put on the city payroll after the first few weeks and the Red Cross assumed responsibility for their assignments.

The Olean General Hospital, a 75 bed private institution, took in the most seriously ill cases and ran at full capacity all the time. The Mountain Clinic, a small private hospital, accommodated as many as it could.

EMERGENCY HOSPITALS

At the request of the Mayor the Red Cross Chapter through the Nursing Field Representative sent from National Headquarters, took over the task of organizing and running two emergency hospitals, one in a 21 bed hospital that had been closed for some time and the other in a commodious private residence. Work began at once on the first. Maids had cleaned it; one group of volunteers had inventoried the needs and another had hunted up additional beds and equipment. Members of the City Council took off their coats and did the heavy work. Merchants kept their stores open or opened them upon request, and delivered the equipment on the running boards of their cars when necessary, in order that there might be no delay.

At nine o'clock the following morning, Sunday, a forty bed hospital was ready to receive patients and the City Health officer was requested to notify the physicians. By two o'clock, that is, twenty-four hours from the time the key was in the hands of the city, there were eighteen very ill patients comfortably settled in the hospital, and the nurses were busily carrying out the doctors' orders.

Work began on the second hospital as soon as a cable from the owner in Paris gave consent. Ladies from the Lutheran Church cleaned it, beds and other summer camp equipment were borrowed from the Catholic Charities in Buffalo and were quickly delivered by truck. This equipment was supplemented by tables, chairs, screens, extension lights, electric refrigerators, heaters, a gas stove, ice-boxes, blankets and everything that was needed. These articles were lent by the Armory, the Knights of Columbus, the merchants, and by private individuals, in response to requests from the Red Cross Chapter which appeared in the local newspapers. Ladies in a neighboring town furnished the materials and the prisoners in a prison made a number of screens to place between the beds. In just forty-eight hours a beautifully equipped fifty bed hospital was receiving its first patient. Such are the quick results of the most perfect coöperation that can be imagined.

The disposal of waste from the hospitals was a problem which was not easily solved since there was no incinerator at either building and the proper disposal of this infectious material was most important. The American Legion came to the rescue—sending their relief officer to assist. After conferring with the Health Officer, he built an incinerator and arranged for the hauling and incineration twice daily of all waste from both hospitals, giving it his personal supervision.

From the beginning a requisition system was used in making purchases and one person acted as Purchasing Agent, authorized by the city.

The Red Cross Chapter office was the clearing house for everything throughout the epidemic, and the Red Cross Chapter Executive Secretary gave her full time to the city. Duplicate file cards of all cases; lists for milk dealers; the family case records; the time records and payrolls; hospital daily reports (all hospitals reported daily to this office); bills, etc., were taken care of here. The checks for the payment of the payroll and all bills authorized by the Purchasing Agent were made out in the Red Cross office on city forms and signed and audited by the appropriate city officials.

VOLUNTEER SERVICE

The Red Cross work room in the City Hall was opened and volunteers were soon at work making sheets, patients' gowns, doctors' gowns, nurses' aprons, newspaper pads, towels and whatever was needed from day to day. During the epidemic two hundred ladies

gave service in this way representing various women's organizations. These and many other individual workers made about four hundred garments, two hundred fifty sheets and nine thousand dressings, pads and other appliances.

A volunteer motor corps of thirteen persons gave seven hundred hours service, transporting personnel, equipment and supplies. One garage gave the use of a sedan car, without charge, for the use of the Red Cross supervising nurse.

Volunteers took turns at the telephones in the emergency hospital and at the Red Cross office, others gave stenographic service, made the newspaper clippings, did errands, marked the linens and equipment and attended to innumerable details to save the time of the paid workers. When the patients began to convalesce, bathrobes were donated, and a large quantity of homemade jellies and other dainties were brought in. Books, games and toys for the convalescent children were collected by the Junior Red Cross in the Olean schools.

Toward the latter part of the epidemic the Cattaraugus County nurses were gradually returned to their regular duties elsewhere as the home cases ceased to need nursing care. A well trained Red Cross public health nurse was then employed by the city to follow up cases as they were discharged from the hospitals or as their special nurses were released. She visited them just before they left the hospital and as often as necessary after they returned home, giving bedside care or supervision as needed until each case was released from the supervision of the Health Department, that is, when the required number of laboratory specimens were found negative.

One might think after reading of this division of functions among several agencies that there would inevitably be much confusion and duplication. As a matter of fact, although no one agency was officially in complete administrative control of the situation, voluntary coördination and coöperation was so marked and so complete that the work went on as one unit with remarkably few complications. Much of the success of the whole undertaking was undoubtedly due to the forthright attitude of the city, the fine spirit of team work exhibited by every one and the thorough way in which each unit accepted its responsibilities and fulfilled them.

CHARLOTTE HEILMAN
Red Cross Nursing Field Representative for New York.

Papworth, Tuberculosis Colony and Village Settlement, Cambridgeshire, England—Model Cottages

REVIEWS AND BOOK NOTES

Edited by DOROTHY DEMING

INFANCY AND HUMAN GROWTH

By Arnold Gesell, Ph.D., M.D.

Professor of Child Hygiene, Yale University.
The Macmillan Company, New York.
Price $3.50.

Any book by Arnold Gesell is sure to be sought after by those who know him or are somehow familiar with the work he has done. They will know that such a book has in it a wealth of penetrative power,—that it is the product of a genius who possesses the faculty for taking infinite pains.

Familiarity with his spoken or written word would lead them to expect great clarity of thought,—and for the most part they will find it here. They would look for simplicity in its vehicle of expression, but in this respect they will meet, in this volume, with a degree of disappointment. It is not always there. At certain points it is difficult reading for the neophyte in this particular field. Its terminology is quite often difficult. Its author falls into the familiar temptation of the expert in the newer sciences, and especially in some of the sub-sciences, to put park palings of exclusive phrase and technical label about the avenues of thought, which should be free and easy even to the uninitiated.

Yet, with this criticism in mind,—distressed at times by the methodology, not of the science, but of the make-up of the book,—one turns to pages and chapters of this remarkable work to find them alike lucid and illuminating, their word-pictures as clearly featured and as happily descriptive as are its graphs and photographic studies of comparative and progressive growth.

In reading the preface to the book one is encouraged to hope that Dr. Gesell is going to attempt to correlate the cycles of physical and mental growth,—that at least he will discover a fundamental relation of the successful development of the one to the evolution of the other. "Experimental biology and experimental medicine," he says, "are gradually placing the phenomena of growth upon a firm basis of facts, and at the same time they are dissolving the ancient distinction between mind and body by bringing the functional and structural aspects of growth into integrated relation. Growth is a unifying concept." Surely it is, but he does not push the concept to any unifying result. True, in the first chapter of the book he "takes an introductory glance at the total cycle of mental growth, chiefly to suggest the close relation between the psychological and the biologic aspects of developmental problems," but it is a very passing glance he takes and in his clinical cases he records no structural or physiologic data for correlation with the cycle of mental growth.

"The human mind," he observes, "grows and there must be natural laws of sequence which order the bewildering progression of the psychological life cycle." Unquestionably so, but so too are there laws of sequence which order structural and physiologic growth in its totality. The two sequences are far from coincident, but it is fair to expect that either sequence has a causal relation to the other. The mechanism of mind is after all a part of the mechanism of the whole body. We think we have before noted this difficulty in Dr. Gesell's studies of normative cases. He seems to shrink from the attempt to put physical and mental into the same categories of development. It is a curious fact that when for purposes of comparative observation he discusses the abnormal he at once brings into view both physical and mental departures.

It is a rather intriguing characteristic of Dr. Gesell's work that he sets

before his readers comparative, or possibly conflicting hypotheses, for their choice, without indicating preferences of his own, leaving them his practical studies alone to guide them in their selection.

It remains, perhaps, to be determined whether largest results are to be attained in the observation of the progressive physical and mental growth of children under the normal, stimulating conditions of their customary environment, or under segregative conditions which protect them from interference and leave them to develop self-developed and uninspired responses to stimuli.

Dr. Gesell's book will be profitably studied by public health nurses who have received psychiatric or mental hygiene training, especially in the child study field. It should inspire many to make themselves familiar with the principles and the technique of the observation of mental growth.

RICHARD OLDING BEARD, M.D.

NURSING CARE OF COMMUNICABLE DISEASES

Mary Elizabeth Pillsbury

J. B. Lippincott Company, Philadelphia. $3.00.

This very interesting and much needed new book on Communicable Disease Nursing has been prepared for both graduate and student nurses. Throughout are clear outlines for consideration of important communicable diseases, the part of the nurse in their control and care, and a good basis for acquiring the necessary scientific knowledge. Certain suggestive tables of means of transmission, etc., are left blank, for the nurse to fill in herself, so that she may do active, not passive learning.

On page 58 there is an excellent, clear statement of the functions of the various kinds of white blood corpuscles, and of the action of antibodies, not usually found in books for student nurses. Chapters 5 and 6 give us both public and private methods of working toward the control and prevention of communicable diseases, down to their logical beginning in personal habits of cleanliness. Chapter 7 has a clearly described method of attack on disease germs, by disinfectants and aseptic technique. One would question, however, that part of the gown technique as given, whereby the gown collar is considered contaminated, the tapes touch the contaminated part of the gown, and it is of course logically untied with contaminated hands. Will not the uniform collar underneath, sooner or later, become contaminated, in the hurry of donning and doffing the gown, while patient is waiting?

One wishes also, that in the discussion of *immunity* the author had explained more clearly for young students the difference in speed of attainment and duration between *active* and *passive* immunity. One not well versed in the subject will find it difficult not to become confused, when practical problems come to her.

On page 56 the instance given for *inherited immunity* would be considered by most authorities as *congenital immunity,* for if the mother had had no immune bodies for scarlet fever, measles, etc., she could not have passed them on to the foetus, to give immunity to the baby for the first six months of life. On page 57 the *natural immunity* cited is defined by other authorities as an *acquired immunity,* acquired very slowly. Many city dwellers, for instance, with constant small doses of disease germs or toxins from the crowds in which they frequently find themselves, in subway or theater, develop an acquired immunity. They may not know when they developed this immunity, but it certainly is not *natural,* when with these city dwellers are compared people from the country without such continued exposure. The camps during the war, with frequent measles outbreaks among recruits from the country, where city men escaped, illustrate this point.

On page 73 the statement is made: "Antiserums stimulate the body to further activity—We cannot say, however, that the body cells of the sick person take no part in this passive immunity, since the few cubic centimeters

of antiserum so given is not sufficient to combat the disease. The antiserum acts by further stimulating the body cells to increased activity and the antibodies produced by the patient's cells, plus the antibodies in the antiserum constitute the whole defense of passive immunity." Most authorities would not agree with this, and Dr. William Hallock Park of the Bureau of Laboratories of New York City says that the antiserum counteracts the disease toxins sufficiently to give the body a chance to manufacture its own antibodies; but the disease toxins stimulate to this reaction of the body, not the antiserum introduced.

Part II is a discussion of the diseases most frequently met in this country, each according to the same definite outline which enables facts and procedures to be more easily correlated. Certain diseases similar in some of their manifestations, as chickenpox and smallpox, are considered in parallel columns, for ready comparison. Measures for disease control, such as concurrent and terminal disinfection, are in some cases also considered in parallel columns for hospital and home procedure. This adds greatly to the convenience of the book for use and quick reference by public health and private duty nurses, and would serve to show student nurses how to adapt their own hospital procedure to home exigencies.

We wish that the mechanical cause of the symptoms of laryngeal diphtheria could have been explained more fully for the student. Also we wish that the other important medications used in the treatment of amebic dysentery beside emetine, and the paralysis symptoms of emetine overdosage, had at least been mentioned, as a basis for further study on the part of the student. There are blank pages left for such supplementary study, and these will have to be called to the learner's attention.

In the disinfection of food waste, noted under each disease as being necessary or unnecessary, only six diseases are given where it is considered necessary, tuberculosis, glanders, septic sore throat, typhoid, cholera and leprosy. One wonders how it is possible to separate septic sore throat from scarlet fever (often the diagnosis cannot be made between them), and certainly patients ill with diphtheria expel bacteria in the same way as in these two diseases. How can any food waste left by a patient ill with a disease in which germs are excreted by nose and throat secretions, not be contaminated? Is it not safer to disinfect in most diseases?

We have all been waiting long and eagerly for this book on communicable diseases from the nursing point of view, and now that it has arrived we are finding what we had hoped for, a simple presentation of important facts, with necessary applications to the work of the nurse, so arranged that they can be found easily. It will be very helpful to any nurse, in whatever branch of the profession she may be working, and we are glad to have such a useful source of information to which to refer.

NINA D. GAGE

The Problem Child at Home—A study in parent-child relationships, by Mary Buell Sayles, has just been published by The Commonwealth Fund, 578 Madison Ave., New York City—Price $1.50. The material used in this study was obtained from some 200 case records of children treated at clinics established in recent years in six of the larger cities of the United States.

Part I presents a systematic discussion in everyday language of the emotional satisfactions which parents and children seek in each other. Part II outlines some of the mistaken ideas regarding child nature, sex, discipline, and heredity that often exert an unfortunate influence. Part III contains 12 narratives setting forth the actual histories of boys and girls studied at the clinics.

The purpose of the author was "to draw from the experiences of fathers and mothers and children who came to the clinics helpful suggestions for other parents faced by similar problems."

Recreational Games and Programs, Revised Edition, by John A. Martin of the Playground and Recreation Associ-

ation of America, 315 Fourth Avenue, New York, is a pamphlet of value as a reference guide to those who are planning social recreation for the home, the school, and the community center. The activities have all been tested and found successful in holding the interest of persons of all ages and all kinds of groups. Price 50 cents.

We again call our readers' attention to a very helpful pamphlet, *Every Child's Dietary for Mothers and Children*, a publication of the National Federation of Day Nurseries, 105 East 22nd Street, New York City. It contains in simple useable forms recipes and menus for children which any parent can use. Price 25 cents.

Some of the important activities of the American Social Hygiene Association for the year 1928 are listed in a booklet, obtainable on request, called *Summary of Achievements for 1928*. Among the activities interesting to nurses are:

633 lectures by Association staff members were given to 86,000 students and faculty members in 141 colleges.

263 addresses were given to 53,000 students in 145 high schools.

256 parent-teacher groups in 22 states were addressed, the total attendance being upward of 32,000. In further coöperation with the National Congress of Parents and Teachers, the Association participated in one national and 15 state conventions; supplied 36 exhibits to state and district conventions; aided state and local parent-teacher groups in developing their social hygiene programs through correspondence, conferences, and the provision of specially prepared programs and literature.

It has been estimated that as high as 97 per cent of heart disease in children is due to rheumatism and 75 per cent of children who have rheumatism are believed to develop organic heart disease. A booklet entitled *Heart Disease and School Life* by Dr. Joseph H. Bainton, member of the Heart Committee, New York Tuberculosis and Health Association, explains that chorea (St. Vitus' Dance) and "growing pains" are manifestations of rheumatic infection. The same infection is thought to cause some cases of tonsillitis; and scarlet fever frequently is followed by rheumatic infection. Suggestions for teachers and pupils are set forth in detail, particularly the activities which may safely be carried on by cardiac children according to the functional classification of heart disease. Persons interested in heart disease among children may obtain the booklets from the New York Tuberculosis and Health Association, 244 Madison Avenue, New York City.

Play Day—The Spirit of Sport is the title of a new book issued by the American Child Health Association. The book, which was written by Ethel Perrin and Grace Turner, Staff Associates of the Association, devotes several sections to explaining the advantages of the Play Day system of athletics, gives directions for organizing and holding Play Days in all kinds of groups and contains detailed accounts of fifteen Play Days held in various parts of the United States.

Written on the hypothesis that every girl needs the joyous experience and training which a varied program of athletics can give, it shows the new and distinctive impulse of girls' athletics to develop their own characteristics. The book consists entirely of recent, significant material. It should prove helpful to superintendents of schools, directors of physical education or of recreation, to all youth groups, clubs, churches, and employed groups. Price 35 cents.

A Report on the Current Practice in Lighting School Buildings is published in Vol. 43, No. 50, of the *Public Health Reports* issued by the U. S. Public Health Service.

NEWS NOTES

The fifty-sixth meeting of the National Conference of Social Work will take place in San Francisco, California, June 26 to July 3, under the leadership of Porter R. Lee, the president, who is director of the New York School of Social Work.

Plans for the Twenty-fifth Birthday and Annual Meeting of the National Tuberculosis Association are progressing rapidly. If you have not already made your plans to attend the meeting in Atlantic City during the week of May 27, we urge that you make early arrangements to be present. Headquarters will be at the Chelsea Hotel.

In connection with the annual meeting, the executive office is preparing a historical booklet outlining the history of the association and presenting a record of its achievements in the past twenty-five years. This booklet will be bound and, together with an attractive program, will be presented as a souvenir to all persons attending the meeting.

The Iowa Congress of Parents and Teachers is actively interested in the establishment of a mandatory law requiring the employment of a public health nurse in every county in Iowa after 1931. There are at present 215 public health nurses in Iowa, employed officially or unofficially.

At the Ninth Annual State Educational Conference in Ohio, Joseph Jastrow of the New School of Social Research in New York City will speak to attendance supervisors, school nurses and visiting teachers. The meetings will be held in Columbus, April 4-6, at the Ohio State University.

The Fifteenth Annual National Negro Health Week will be observed from March 31 through April 7, 1929. The United States Public Health Service has again prepared the Health Week Bulletin. It is ready for distribution and copies may be secured by application to the United States Public Health Service, Washington, D. C., or to Tuskegee Institute, Alabama.

Suggestions for a sermon on Health have been prepared. Copies may be secured by application to Tuskegee Institute.

The National Clean-Up and Paint-Up Bureau is offering prizes as follows: To the rural community (county wide) making the best showing in Health Week observance; to the city of less than one hundred thousand; and to the city of more than one hundred thousand making the best showings in their respective classes.

An interesting recent visitor to headquarters is Miss Heleen Melk, instructor of nurses at the Municipal Hospital, The Hague, Holland, who is here on a special scholarship granted by her school for a year's study of hospital and nursing affairs. Miss Melk has spent one semester at Teachers College, New York, and has been visiting the large hospitals in the principal cities of the United States. She will spend her last six months in the Dutch East Indies where a number of the graduates of her school have charge of training schools for native girls.

It will be gratifying to all our readers to know that as the Yale University School of Nursing enters upon its sixth year, it announces that the Rockefeller Foundation has ensured its permanency by an endowment of a million dollars, the yearly income of which is to be applied to the educational program.

"Heart Disease" is the leading topic of the November number of the *Vital Statistics Bulletin* issued by the Pennsylvania State Department of

Health. The death rate from all diseases of the heart per 100,000 population was 133.5 for the year 1906 and 210.6 for the year 1927. The increase was found entirely in the older age groups.

Under the heading "Predisposing causes of heart disease" the *Bulletin* names three agents, diphtheria, rheumatic fever and scarlet fever, without indicating the relative importance of each as an etiological factor.

Announcement has been made of the opening at the University of Naples in November, 1928, of a four months' course in maternity and infant care for graduates in medicine and surgery and for midwives. Hereafter positions in the child welfare institutions founded or subsidized by the National Children's Bureau will be given only to persons with diplomas showing satisfactory completion of one of these courses.

Arguments for the Newton bill, creating a child welfare extension service in the U. S. Children's Bureau, were heard by the House Committee on Interstate and Foreign Commerce on January 24th. Proponents represented child health, labor, farm and women's organizations, and the state public health administrative agencies. In urging the passage of the bill, which seeks reduction of the infant and maternal death rate, speakers emphasized the termination on June 30 of the Sheppard-Towner Maternity and Infancy Act, and the great need for continuing legislation. While the Newton bill differs in detail from the provisions of the present Act, it is designed to carry on the educational program in behalf of maternal and infant hygiene.

That the work must go on was generally agreed and the concern of the Committee will be to report out a measure—whether it be the familiar fifty-fifty matching form or the Newton Bill without appreciable amendment, which will guarantee the same progress in the future toward a higher standard of maternal and infant welfare over the whole country.

In order to give an opportunity to secure the benefits of scout training to boys who are suffering from apparently permanent physical handicaps the Boy Scout organization has a division called achievement scouts. An achievement scout is permitted to substitute for any ordinary scout tests he is unable to pass because of his handicap some other test he regards as an equivalent test of skill. Scout troops have been organized in many schools and hospitals for crippled boys, and an achievement badge makes a boy eligible to membership in a regular troop when he returns home.

The Committee on Indexing Periodical Nursing Literature met in New York during the week of the meetings of the Joint Boards of the three national nursing organizations. It was decided to broaden the scope of the committee's activities. The name of the committee was changed to "Committee on Use of Library Facilities."

In connection with library facilities we remind our readers that the National Health Library publishes the *Library Index*—a weekly index to current periodical literature in the field of public health, which includes literature on all phases of public health nursing. Price $2.50 per year. National Health Library, 370 Seventh Avenue, New York.

The next convention of the National League of Nursing Education will be held in Atlantic City, N. J., June 17–21, 1929. The American Hospital Association will hold their next convention simultaneously. Headquarters for the League will be at the Ambassador Hotel.

The railways have agreed upon a fare and a half rate to Atlantic City, June 13–22. By the payment of fare and three-fifths instead of fare and one-half, the return limit may be extended to thirty days, thus giving ample time for vacation in the east, if the traveler

Correcting dangerous food fads

SUGAR & COMMON SENSE

needed in the diet

Evidences that medical and scientific men are leading a swing toward sanity in diet.

DIETARY opinion in the United States in recent years has been swept by numerous nation-wide food fads, most of them ludicrous, many of them harmful. The craze for slimness, exposed as dangerous by many physicians, is an example. The fad for eliminating sugar from the diet is another.

Diet misinformation cannot be wholly blamed on the public. A swarm of "food fakers," laymen and laywomen, with a smattering of terms gleaned from medical and scientific publications, have furnished an endless supply of articles and features to the newspapers and popular magazines and radio. These "authorities" have been read and heard by millions. Their utterances have had the attention factor of sensational interest.

It is a dangerous policy to entrust health education to lay writers. It is time for medical and scientific authorities to eliminate the dangers of faddism with precepts of intelligence and common sense.

There are evidences that medical and scientific men are leading a swing toward sanity in diet. Twelve medical specialists and dieticians recently prepared a symposium exposing the dangers to men, women and girls of starvation diets and "reduction treatments," so called, for slimness.

"The most delicate parts of the body are always the ones to suffer first," says one of the medical specialists. "Keep children and young people well nourished and up to weight," says another.

Medical directors before an eastern tuberculosis conference recently warned of the dangers of under-dieting of young girls. "The most difficult problem," said one of the directors, "facing us in combating tuberculosis among high-school girls, and particularly among the young flappers of today, is the serious habits they practice to retain or acquire a slim and graceful figure. . . . The problem of nutrition is the one we have to face in our treatment of girls of this age. It is at this age that girls are most susceptible to tuberculosis and other diseases."

A research food biologist, at one of the great universities, recently said: "Sugar is a carrier for roughage in diet—mineral salts, mineral ash, and fruit vitamins. Sugar modifies the harsh fruit acids and makes the fruits palatable. It does not injure or change in any way the delicate compounds. At least 90% of constipation is due to lack of roughage. Eat bran, fruits and vegetables, sweetened to taste."

The ranking biological chemist at another great university recently said: "Sugar is nature's incomparable flavoring agent. Sugar is one thing that relieves the deadly dullness of our overly refined foods. Also, sugar is wholesome and the most inexpensive condimental food in the world."

Sanity in diet calls for varied roughage foods. In addition to milk and milk products, young people and adults should eat a varied diet of cereals, fresh or canned vegetables and fruits. Sugar makes these healthful foods enjoyable. The Sugar Institute, 129 Front Street, New York, N. Y.

NEWS NOTES—Continued

so desires. In addition to these two rates on the certificate plan the usual summer rates to Atlantic City can be taken advantage of. Certificates through the American Hospital Association will soon be available for distribution through local centers.

The League will have an exhibit planned to show the use by the nurse of some of the subjects taught in the schools of nursing.

Among the appropriations for research made by the Commonwealth Fund is one of $12,500, with reservations of like amount for four succeeding years, toward the cost of a series of studies in the use of all forms of radiation, including light, from the standpoint of genetics, heredity, and physiology. These studies will be conducted by scientists at various universities under the administrative supervision of a committee on irradiation set up by the National Research Council.

A communication from the Nurses' Association of China to Miss Nina Gage gives the very interesting news that the Chinese Government has offered a piece of land in Peiping (the old Pekin) to the Nurses' Association of China for the purpose of building permanent headquarters. The government is planning to make Peiping a national educational and medical center. This new development will of course mean the transfer of the present headquarters to Peiping. A house there has been presented to the Association by the government for temporary use.

Dr. Haven Emerson sailed early in February to make a survey, at the request of the Government of Greece, of health and sanitary conditions in that country. On its completion he will represent the United States at a meeting of the Committee on The International List of Causes of Death, in Berlin, April 3rd.

The Red Cross Nurses' Association of Estonia, founded in October, 1926, under the auspices of the Red Cross Society, has organized a nine-months' course in public health nursing for its members, which includes lectures and practical work in various institutions. A diploma of public health nursing will be awarded upon the satisfactory completion of the course.

May Day will be celebrated throughout the United States as National Child Health Day. The American Child Health Association has prepared an attractive booklet filled with suggestions and directions for making the health program for the child a constructive all-year effort.

APPOINTMENTS

Mrs. Vivian Gibson as Supervisor, Public Health Nursing Association, Savannah, Georgia.

Harriet Noyes, public health nurse for the American University Women's Centre, Paris, France.

Mrs. Madeline Wilkinson as County Nurse, Barren County, Kentucky. This is a territory in which one of the Commonwealth Fund rural hospital projects is being established.

Mary L. Wright as Field Supervisor, Visiting Nurse Association, Detroit, Mich.

Florence Miller as Teacher of Health and Hygiene, Randolph County, Indiana.

Ruth Telinde, Supervisor, Visiting Nurse Service, Henry Street Settlement, New York.

Bernice Conner as Supervisor, Judson Health Center, New York.

Mary P. Billmeyer as Supervisor Judson Health Center, New York. Miss Billmeyer has been on the staff of the State Board of Health, Oregon.

Dorothy Carter, Director of the Dutchess County Health Association, N. Y., has been appointed by the Mayor to the Board of Health of Poughkeepsie.